



DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT (CVN 71) UNIT 100250 BOX 1 FPO AP 96632
CARRIER AIR WING ELEVEN LEMOORE CA 93246-0030

Canc frp: Mar 2020

TRNOTE 5050
CVW11NOTE 5050
CO
22 Feb 2020

USS THEODORE ROOSEVELT (CVN 71) NOTICE 5050
CARRIER AIR WING ELEVEN (CVW 11) NOTICE 5050

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)
Commanding Officer, Carrier Air Wing ELEVEN

Subj: USS THEODORE ROOSEVELT AND CARRIER AIR WING ELEVEN
LIBERTY PLAN FOR DA NANG, VIETNAM, 5-9 MARCH 2020

Ref: (a) COMSEVENTHFLTINST dtd 22 Jul 19 "Liberty Within the 7th Fleet Area of Operations"
(b) TRNOTE 1050/ CVW11NOTE 1050 dtd 12Feb20 "Liberty Risk Program"
(c) Online Foreign Clearance Guide, <https://www.fcg.pentagon.mil>
(d) JAGINST 5800.7 (Series), JAG Manual

Encl: (1) Individual Liberty Plan for E5 and below
(2) Liberty Log Template Page
(3) Overnight Liberty Tracker
(4) Examples of Overnight "Permit" and "Shorepass"

1. Purpose. To set forth liberty policy guidelines and plan for USS THEODORE ROOSEVELT (CVN 71) and Carrier Air Wing ELEVEN (CVW 11) port visit to Da Nang, Vietnam, 5-9 March 2020.

2. Discussion. Exemplary personal and professional conduct ashore is the standard for all THEODORE ROOSEVELT/CVW-11 Sailors. Liberty is a 'must win' mission as port visit liberty incidents in the Western Pacific have strategic impacts. We must be good ambassadors in foreign ports. Individuals must not only conduct themselves appropriately, but also ensure that others are doing the same. The expectation is all personnel take immediate and appropriate action to intervene when circumstances warrant. Choosing not to intervene is NOT an option. Do your part, make good decisions, and set your people up for success. Additional liberty guidance for this port is contained in reference (a) and individual command leave and liberty instructions.

3. Liberty. The following policy is set forth.

a. Vietnam serialized "Shorepass". The ship will receive a serialized "Shorepass" (enclosure (4)) for each person onboard prior to anchoring. Staffs, Departments, and Squadrons will receive their serialized Shorepasses in advance of liberty in Vietnam. Before being released for liberty, every person onboard authorized liberty will be issued the Shorepass that corresponds to their Crew Member number. The Vietnamese Shorepass is an accountable item and needs to be turned in at the end of liberty in Vietnam. Loss of this card may result in Captain's Mast for

Violation of Uniform Code of Military Justice (UCMJ) Article 92, Failure to Obey an Order or Regulation. Additionally, anyone returning from liberty without their issued Shorepass will be temporarily detained by local authorities, will require a signed letter from the Command Duty Officer (CDO) to retrieve them, and will not be allowed to return on liberty in Vietnam. The importance of maintaining 100 percent accountability of these cards cannot be overstated. The Shorepass is required to be shown to Vietnamese government officials upon demand, to include at the exit and entry to Fleet Landing.

b. Overnight Liberty. Overnight liberty is authorized in this port only for personnel who have a valid passport in their possession, proof of an authorized hotel reservation, are pre-approved for overnight liberty by their Head of Department (HOD)/Squadron Commanding Officer (CO), and submitted to the country team by Commander, Carrier Strike Group NINE (CCSG-9) by the deadline promulgated. Additionally, the following personnel will not be permitted overnight liberty: (1) personnel assigned on liberty risk, or (2) specifically disapproved for overnight liberty, or (3) restricted to the ship pursuant to Captain's Mast punishment.

c. Overnight "Permit". Departments/Squadrons will complete overnight liberty trackers in Excel format (enclosure (3)) completing all data fields including Crew Member Numbers for all personnel requesting overnight liberty for compilation by ship and Air Wing admin offices. Those that meet the requirements and are approved overnight liberty will be issued a Vietnamese overnight "Permit" (see enclosure (4)). The permit will be completed to include name, nationality, passport number, approved hotel and days that overnight liberty is authorized. The overnight permit is an accountable item while on liberty. Loss of this permit will result in loss of overnight liberty.

d. Liberty Risk. The THEODORE ROOSEVELT/CVW-11 joint liberty risk program, contained in reference (b), will be used in this foreign port. Once on liberty, any Sailor or Officer who is returned to the ship following a liberty incident (as determined by the Shore Patrol Commander, Beach Guard Commander, or CDO) shall be placed on Charlie Liberty Risk for the remainder of the port visit.

e. Written Liberty Plans. E-5 and below shall submit a liberty plan to their Leading Chief Petty Officer/Division Officer/HOD for review for this port, and forward to their DLCPO or HOD for final approval using enclosure (1). Departments will maintain copies of the liberty plan, and make them available to the CDO for inspection upon request.

f. Liberty Brief. ALL HANDS shall watch the command liberty port briefing on Site TV prior to commencing liberty.

g. Liberty Log. ALL HANDS will sign in/out using a liberty log (Enclosure (2)). Each department and squadron will maintain a logbook, to be labeled the LIBERTY LOGBOOK for all its personnel, and make it available to the CDO/Air Wing Duty Officer (AWDO) for inspection upon request. This logbook must be manned at all times and may be maintained within the department daily until 1900. At 1900 the DDO will transfer the logbook to Hangar Bay 3, to be monitored by an E-7 and above, and remain until the last person in the department is accounted for. Squadron logbooks will be maintained in Ready Rooms and monitored by an E-7 or above after 1900. This logbook will include name, rank, liberty buddies, hotel information,

and other details. In addition, and unique to this port, the logbook will also include the shorepass serial number as assigned to each Sailor. A template liberty log page is provided in enclosure (2). The LIBERTY LOGBOOK shall NOT be shown to foreign officials for copying or reproduction. It is an internal federal government record, which constitutes a "warship crew list," and is therefore protected by sovereign immunity from disclosure to foreign governments. Any attempt by a foreign official to copy or reproduce the logbook should be refused and reported immediately to the CDO.

h. Liberty Call. On the arrival day expect Liberty Call to be announced by ranks starting with senior, going to junior. There will be a khaki liberty line and an E-6 and junior line. Departmental / Squadron Leadership may nominate up to 10 percent of their E-6 and below for head of line privileges. Each Sailor nominated may be accompanied by only one Liberty Buddy. Head of the line passes will be distributed to Departments / Squadrons in advance of the port visit. TAD personnel are included in the departments they are TAD to.

4. Liberty Expiration

a. While in port Da Nang, the local government ("People's Council of Da Nang") has ordered a curfew for ALL HANDS from 2400 to 0500. A violation of this curfew order will result in Captain's Mast for Violation of the UCMJ Article 92, Failure to Obey an Order or Regulation, in addition to potential charges by local authorities.

b. Liberty expires for those with approved overnight liberty at 0900 on 9 March. For those without overnight liberty on 8 March liberty will expire at normal liberty expiration times.

c. Due to liberty boat capacity and limitations while at anchorage, liberty expires by paygrade every night, and will expire inside the Entry Control Point at Fleet Landing, as follows:

- (1) E-4 and junior: 2200
- (2) E-5 and E-6: 2300
- (3) E-7 and senior: 2359

Upon returning to the ship, ALL HANDS must sign-in as returned from liberty in their respective logbooks. Beach Guard will record all names of Sailors returning to Fleet Landing after their respective liberty expiration.

c. For personnel authorized overnight liberty and are not returning to the ship, liberty expires at 2359 at your place of overnight accommodation (in your hotel room, not in the hotel lobby or bar). You must remain at your place of overnight accommodation from liberty expiration until 0500 the following morning. Additionally, you must muster daily with your DDO / Squadron representative either by phone or e-mail, between 2200 and 0100.

"PLAN AHEAD. BE EARLY. TAXI DELAYS ARE NO EXCUSE!"

d. Personnel are not authorized overnight liberty prior to a duty day. You must return to Fleet Landing by liberty expiration the night prior to your duty day. No exceptions.

Mar 5: Duty Section 5/1
Mar 6: Duty Section 6/2
Mar 7: Duty Section 7/3
Mar 8: Duty Section 8/4
Mar 9: Duty Section 5/1

5. Liberty Buddy Policy

a. The liberty buddy system is mandatory in all foreign ports of call while deployed. Buddies must remain together. Buddies must sign out from and return to the ship together. The liberty buddy rule applies to all civilians embarked on or deployed with the THEODORE ROOSEVELT Strike Group, to include Government Service employees and contractors.

b. Liberty buddies may be from other commands or trusted civilian acquaintances (e.g. spouse, sibling, parent) when authorized by the HOD in accordance with requirements of reference (a).

c. Liberty buddy swaps are NOT authorized in this port except by physically returning to the ship or Fleet landing, and the members verify the buddy swap is reflected in the department's/squadron's liberty log.

d. Liberty buddy groups must be of at least two, but no greater than five persons.

e. If found without a liberty buddy, lone Sailors will be escorted back to the ship immediately. If a Sailor loses their liberty buddy, he/she will report to the nearest member of the Shore Liaison Group/Shore Patrol and return to the ship immediately. There are no refunds for unused hotel rooms due to violations of the liberty buddy policy.

f. Liberty buddies are not required for official Morale, Welfare, and Recreation (MWR) tours and command-sponsored Community Relations (COMREL) projects that leave from and return to Fleet Landing. Liberty buddies are not required at Fleet Landing but are required if leaving the Fleet Landing grounds.

6. Senior Person Present Rule. All leaders are expected to enforce ship and Strike Group liberty policies, and to intervene to prevent incidents. The senior person present at the scene of a liberty incident will be held accountable for their actions or inactions during a liberty incident.

7. Leave Policy. The Executive Officer is the approval authority for all THEODORE ROOSEVELT leave requests. Deputy Commander, Carrier Air Wing ELEVEN (DCAG) is the approval authority for all CVW-11 leave requests. Leave will be approved only in exceptional circumstances (e.g. family visiting Da Nang). Additionally, all Sailors on approved leave will be required to follow ALL liberty guidelines (i.e. NOT leave the Da Nang province, prohibited activities, approved hotels only, etc.).

8. Duty. Regular in port duty hours apply.

9. Drinking

a. The drinking age for ALL HANDS while in port Da Nang is 18 years of age.

b. The Navy standard is RESPONSIBLE USE of alcohol. Inebriation is the most common cause of liberty incidents and could result in UCMJ charges.

"KEEP WHAT YOU'VE EARNED-ENJOY YOUR LIBERTY- DON'T DRINK TO OVER-INTOXICATION."

10. Appropriate Liberty Attire. Quarterdeck watches will ensure all personnel departing on liberty are well-groomed, that their clothing is in good taste, and that personnel are in compliance with the clothing standards contained in reference (a).

11. Off Limits Areas/Activities

a. Bars/Clubs After Closing Hours. Expect an increased Vietnamese security presence during this port visit. Cameras are everywhere. You will be arrested if found in a bar or club after closing hours.

b. Houses of Prostitution. Engaging in prostitution or any commercial sex act is prohibited. Paying for sex is a violation of Article 134 of the UCMJ. Department of Defense policy prohibits any activity that may facilitate or encourage trafficking in persons. Trafficking in persons is cruel, inherently harmful, and dehumanizing. It is demeaning and contrary to our Core Values. Additionally, HIV rates among prostitutes generally run exceptionally high.

c. Two-wheeled Vehicles. Riding on two wheels, to include motorcycles, scooters, mopeds, and bicycles is strictly forbidden. Two wheeled vehicles are extremely dangerous on Vietnamese roads. Vehicular accidents are the leading cause of death of tourists in Da Nang.

d. Car Rentals. Renting or purchasing vehicles is not authorized in this port.

e. Water Vehicles. Operating wave runners, jet skis, or power boats is prohibited.

f. Hitchhiking. Hitchhiking is inherently risky and prohibited.

g. Extreme Sports. Bungee jumping, parasailing, sky-diving, boxing, wrestling, martial arts, are inherently dangerous activities that may be permitted only after obtaining approval from HOD / squadron leadership.

h. SCUBA diving. Diving is prohibited unless the member is qualified by an officially recognized association (i.e. PADI). Personnel may participate in qualifying dives in order to become certified by an officially recognized association, or may participate pursuant to approved MWR tours.

i. Surrendering Military ID/CAC. Restaurants may ask for an identification card when ordering to discourage walk-offs. Use a credit card instead. It is okay to show your Military ID/CAC to local law enforcement or border guard officials, but do not allow anyone to take possession of, make copies of, or photograph your Military ID/CAC.

j. Guns Shops and Weapons. It is illegal for foreigners to possess guns. Also prohibited is the possession of any ammunition, spent shells, or training rounds or throwing stars. Vietnam strictly prohibits importation of weapons.

k. Tattoo/ Piercing Establishments. It is not uncommon to be infected with incurable Hepatitis and other diseases while in this port, even from just one piercing / tattoo.

l. Local Pharmacies. Many drugs contain U.S. scheduled/controlled substances and will result in a positive urinalysis, non-judicial punishment (NJP), and administrative separation (ADSEP).

m. Counterfeit Merchandise. Avoid shops or street vendors selling counterfeit merchandise. It is illegal to bring counterfeit goods on board a naval vessel or import them into the United States.

n. Designated Liberty/Leave Area. The designated liberty/leave area is the limit of the municipal province of Da Nang. You may not leave the designated liberty/leave area unless on a command-sponsored COMREL event or MWR tour.

o. Hotel/Lodging. Being present in, making a reservation at, or staying overnight at, any hotel not on the authorized hotel list is prohibited. Private property rentals or housing (e.g. AirBnB, Vrbo, etc.) are not authorized.

p. Unofficial Tours. Participating in any tour or other guided activity not officially sponsored by MWR through the contracted tour operator is prohibited.

q. Photography of Military or Security Interest. Taking photographs of anything that could be perceived as of military or security interest may result in questioning by authorities, fines, detention, or arrest.

p. Religious Items. Importation of religious material is outlawed in Vietnam. NCIS does not recommend visibly displaying or carrying prayer books or other religious materials. Avoid religious or political conversations with local nationals.

r. Drug Offenses. Punishments are severe and include the death penalty. Do not get involved with drugs. Expect plain clothes police and heavy surveillance on local drug traffickers interacting with and targeting foreign tourists.

12. Authorized Hotels. The following hotels are the only authorized hotels for personnel on approved overnight liberty in Da Nang:

a. Downtown North/Novotel Drop Off

- (1) Da Nang Golden Bay
- (2) Stay Hotel
- (3) Zen Diamond Suites Hotel
- (4) Novotel Premier Han River
- (5) Hilton Hotel Da Nang

b. Downtown South/Green Plaza Drop Off

- (1) Brilliant Hotel
- (2) Vanda Hotel
- (3) Samdi Hotel
- (4) One Opera Hotel

c. Beach Drop Off

- (1) A la Carte
- (2) Belle Madison Parosand
- (3) Mandila Beach Hotel
- (4) BlueSun Hotel
- (5) Paris Deli Danang Beach Hotel
- (6) Royal Lotus Hotel
- (7) Sofia Boutique Hotel*
- (8) Sofia Suites Hotel*
- (9) Four Points by Sheraton

d. Beach Other

- (1) Premier Village Da Nang Resort
- (2) Pullman Danang Beach Resort
- (3) Intercontinental Da Nang
- (4) Hyatt Regency Danang
- (5) Olalani Resort and Condotel

*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.

13. Violations

a. Members will obey all orders of local authorities and THEODORE ROOSEVELT/CVW-11 Shore Liaison Group, Shore Patrol and Beach Guard.

b. Members who violate this plan, to include violations of reference (a) will be referred for disciplinary action.

c. **Remediation.** Per reference (a), in the event of any incident that discredits the public image of U.S. Service Members, the offending Service Member's **division** will be placed in a duty status and recalled to the ship to develop and complete a remediation plan and critique.

14. **Conclusion.** All THEODORE ROOSEVELT/CVW-11 Sailors regardless of rank will be familiar with this policy. Our mission ashore, as ambassadors of the United States of America and the United States Navy, is equally as important as our mission at sea. Like our mission at-sea, we will execute to the highest standards without fail, and provide each other forceful backup and support when unacceptable risk to mission exists.

15. **Records Management.** Records created as a result of this notice regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

(b) (6)

Deputy Commander

(b) (6)

Executive Officer

Releasability and distribution:

This notice is not cleared for public release and is available electronically only via the USS THEODORE ROOSEVELT (CVN 71) SharePoint Page to users with common access card authorization, <https://web.cvn71.navy.mil:8081/admin/x1site/Directive>

USS THEODORE ROOSEVELT (CVN 71)/CVW-11 INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: _____ Age: _____ Date: _____ DIV: _____ Duty Section: _____

LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)

E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359

☐ **Class Alpha Liberty expires at 2100 onboard.** ☐ **Class Bravo Liberty expires at 1800 onboard.**
☐ **Class Charlie Liberty onboard.**

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents?
2. If you are of legal age to drink alcohol, are you going to drink responsibly?
3. Are you aware of the liberty policy?

YES / NO (Circle one)

YES / NO / N/A (Circle one)

YES / NO (Circle one)

THURSDAY, 05 MARCH 2020 SECTION 1 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: _____

Overnight Location: _____ Recall Phone #: _____

Hotel Name: _____ Hotel Phone #: _____

Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____ Signature: _____

Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____ Signature: _____

FRIDAY, 06 MARCH 2020 SECTION 2 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: _____

Overnight Location: _____ Recall Phone #: _____

Hotel Name: _____ Hotel Phone #: _____

Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____ Signature: _____

Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____ Signature: _____

SATURDAY, 07 MARCH 2020 SECTION 3 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: _____

Overnight Location: _____ Recall Phone #: _____

Hotel Name: _____ Hotel Phone #: _____

Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____ Signature: _____

Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____ Signature: _____

SUNDAY, 08 MARCH 2020 SECTION 4 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: _____

Overnight Location: _____ Recall Phone #: _____

Hotel Name: _____ Hotel Phone #: _____

Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____ Signature: _____

Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____ Signature: _____

USS THEODORE ROOSEVELT (CVN- 71)/CVW-11 LIBERTY GUIDANCE

ALCOHOL CONSUMPTION:

(INITIAL _____)

Alcohol consumption will be done in a responsible and mature manner, so as to not to bring discredit to the Armed Services.

OVERNIGHT LIBERTY GUIDANCE:

(INITIAL _____)

- Hotel/Address of liberty buddy;
- Recall/cell phone number of overnight location (residence/hotel/liberty buddy)
- Provide liberty buddy name, rank and department/division
- Liberty buddies must stay at the SAME HOTEL
- If separated from your liberty buddy, involved in an incident or require assistance for whatever reason contact your Khaki chain of command or nearest shore patrol for possible guidance

7th FLEET LIBERTY GUIDANCE:

(INITIAL _____)

Per the C7F Liberty Guidance instruction, in the event of any incident that discredits the public image of U.S. Service Members, the offending Service Member's Division will be placed on a duty status and recalled to the ship to develop and complete a remediation plan and critique. The remediation plan at a minimum shall include a review of the present liberty policies, and personal behavior standards while on liberty. The critique shall include a review of what occurred, what unit leadership knew about the Sailor's prior behavior and, if the Sailor was previously assessed as a risk, what steps unit leadership had in place for mitigation. Upon satisfactory completion of the remediation plan and approval of the plan by Commander, Carrier Strike Group Nine, the division may reenter the normal duty rotation.

CHANGES TO LIBERTY PLAN:

(INITIAL _____)

You must contact in person or by phone your first Khaki in your division. If not available the senior KHAKI on duty will be authorized to make a change to your liberty plan.

I _____ will adhere to this liberty plan and I understand that any diversion from this plan is against the 7th Fleet liberty policy. If I need to make changes to this liberty plan I will update onboard USS THEODORE ROOSEVELT with the Department/Squadron Duty Chief.

SVM SIGNATURE: _____

LPO: _____

LCPO: _____

DIVO: _____

DEPARTMENT:				DIVISION:					
HOD:		DLPCO:							
Special Instructions:		ALL PERSONNEL ARE REQUIRED TO FILL OUT DEPT LIBERTY LOG **NO EXCEPTIONS**		Late Night/Morning muster is MANDATORY					
								Muster time: 2200 - 0100 DEPT Late Night/Morning muster email: EMAIL: _____@cyn71.navy.mil	
VIETNAM OVERNIGHT LIBERTY ROSTER - WILL BE GIVEN OVERNIGHT PERMIT BEFORE DEPARTURE									

[illegible]

H-2-42

DEPARTMENT LIBERTY LOG

PORT VISIT: Da Nang, Vietnam

RATE	NAME	DIVISION	SHORE PASS #	LIBERTY EXPIRES WHEN?	LIBERTY BUDDY NAME(S) (MAX 4 BUDDIES)	WHAT ARE YOU GOING? WHERE ARE YOU GOING?	MEMBER SIGNATURE WITH "TIME & DATE"	OVERNIGHT	COMMENTS BERTHING COMPARTMENT AND RACK #
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:
							OUT:	Circle One: Y / N	COMMENTS:
							IN:		BERTHING COMPARTMENT AND RACK #:

LIBERTY LOG -- PERSONNEL WITH LIBERTY BUDDIES MUST COMPLETE THE LOG INFORMATION FOR THEIR LIBERTY BUDDY'S LOG(S) ALSO.

FORM CAN BE USED TO RECORD BUDDY TEAMS ON AUTHORIZED OVERNIGHT LIBERTY ALSO - RECORD HOTEL LOCATION/CONTACT DATA IN COMMENTS

H-2-42

VIETNAM LIBERTY PASSES

OVERNIGHT LIBERTY PERMIT

BPCK CẢNG		GIẤY PHÉP - PERMIT	
Số:	/GP	Ngày hết hạn/ Date of expiry:	
Họ và tên/Full name:			
Quốc tịch/Nationality:			
Số CMND-HC/ID-Paspor/Nº:			
Được phép/Is allowed:			
Ngày			
tháng			
năm			
CHỈ HUY ĐƠN VỊ			

CHÚ Ý/NOTE
Xuất trình Giấy phép kèm Giấy CMND hoặc hộ chiếu/
This Permit should be presented with ID or Passport

SHOREPASS

BAN CHỈ HUY BIỂN PHÒNG CẢNG DÀ NẴNG BORDER GUARD OFFICE OF DANANG PORT	
THẺ ĐI BỜ SHOREPASS	
Số: 101 /BPCKC	
Security stamp	

BAN CHỈ HUY BIỂN PHÒNG CẢNG DÀ NẴNG BORDER GUARD OFFICE OF DANANG PORT	
THẺ ĐI BỜ SHOREPASS	
Số: 5400 /BPCKC	
Security stamp	

BAN CHỈ HUY BIỂN PHÒNG CẢNG DÀ NẴNG BORDER GUARD OFFICE OF DANANG PORT	
THẺ ĐI BỜ SHOREPASS	
Số: 901 /BPCKC	
Security stamp	

LỜI DẶN
- Thẻ dùng cho thuyền viên nước ngoài đi bờ trong phạm vi thành phố Đà Nẵng từ 7h00 đến 24h00.
- Phải xuất trình thẻ cùng hộ chiếu hoặc sổ thuyền viên khi đi bờ.
- Nộp lại thẻ cho Biên phòng CẢNG DÀ NẴNG khi trở về tàu.
NOTICE
- This permit is used for crew going ashore valid within Danang city from 07h00 to 24h00 daily.
- This permit should be presented with passport or seaman's book when going to shore.
- This permit should be returned to Border guard office of Danang port when come back the ship.

MEMORANDUM

17 March 2020

From: LCDR (b) (6), Theodore Roosevelt Strike Group PAO

To: CDR (b) (6), U.S. 7th Fleet PAO

Subj: AFTER-ACTION REPORT FOR 5-9 MARCH VIETNAM PVST

Encl: (1) Port Visit Schedule Overview
(2) Pre-Port Visit DV Embark Itinerary
(3) PA Personnel Assignments
(4) Media Clips
(5) Public Affairs Guidance

1. Purpose.

Theodore Roosevelt Strike Group visited Da Nang, Vietnam, March 5-9. Public Affairs efforts focused on facilitating and highlighting people-to-people interactions to strengthen bilateral ties, per Enclosure (1). The historic visit marked the second time a U.S. aircraft carrier visited the country since the Vietnam War and commemorated 25 years of U.S.-Vietnam diplomatic relations. The visit included the aircraft carrier USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52).

2. Highlights.

- Press conference attended by more than 120 international and local media
- TR and BKH media tours for more than 70 international and local media
- Formal reception for 500 attendees including strike group leaders, U.S. Embassy personnel, and local Vietnamese military and government officials
- DV tours for more than 500 Vietnamese military and municipal officials
- 100 Sailors participating in COMRELS
- More than 30 one-on-one media interviews facilitated for leaders and crew members

3. Pre-Port Visit.

TR facilitated two DV daylight only embarks. The first embark was for 17 Vietnamese nominated by the Government of Vietnam (GVN) while the second was for 14 U.S. country team members who planned the carrier port visit. Itineraries and guests included in Enclosure (2).

4. Arrival Ceremony / Press Conference.

A Vietnamese delegation formally received Ambassador Krittenbrink, ADM Aquilino, RDML Baker, CAPT Crozier, and CAPT (b) (6). The group posed for a photo prior to a press conference attended by over 100 reporters. The Vietnamese Ministry of Foreign Affairs moderated the 60-minute press conference. Ambassador Krittenbrink, ADM Aquilino and RDML Baker participated with two Vietnamese representatives who included Mr. Huynh Duc

Truong, Director of Da Nang Department of Foreign Affairs and Mr. Ho Ky Minh, Vice Chairman of Da Nang People's Committee. Reuters, Channel News Asia and Da Nang Newspaper, were among the media outlets called upon for questions focused on the visit's historical significance, the U.S.-Vietnam bilateral relationship, and Naval operations in the South China Sea.

5. Office Calls.

Ambassador Krittenbrink, ADM Aquilino, Consulate General Damour (Ho Chi Min City) and RDML Baker attended office calls with the Chairman of the Da Nang People's Committee and Vietnamese Commander of Navy Region 3.

6. Big Top Reception.

U.S. Pacific Fleet hosted reception for 500 guests was originally scheduled to be held aboard TR, but was moved to Da Nang Golden Bay Hotel due to sea state and concerns with getting guests safely to and from the carrier. ADM Aquilino, AMB Krittenbrink and Mr. Ho Ky Minh, Da Nang People's Committee vice chairman, provided formal remarks during the ceremony portion of the event. The Navy Band was in attendance and sang the Vietnamese national anthem as well as popular Vietnamese songs.

7. Media Tours.

Due to sea state and the inability to get media to TR safely following the press conference, approximately 65 reporters received an hour of access to USS Bunker Hill for filming standups and capturing still imagery and b-roll footage on the day following the press conference. Reporters toured the bridge, hangar bay, foc'sle, aft missile deck, etc. Outlets in attendance included Reuters, Channel News Asia, Dat Viet Newspaper, Tuoi Tre Newspaper, VN Express, and Da Nang Newspaper etc.

On Saturday, March 7 a select group of 30 reporters still in the area were brought via liberty boat to TR for a tour of the hangar bay and flight deck. This is the only group that was able to get out to TR for a tour of the ship throughout the entire port visit.

8. Ship Tours.

Due to sea state and the inability to get tour groups to TR safely, carrier tours were shifted to USS Bunker Hill for 400 guests from the local Border Guard, Vietnam People's Navy, Military Region, municipal government, Vietnam Veterans and American Chamber of Commerce. GVN canceled shipboard tours for 100 additional guests due to COVID-19 concerns on Sunday, March 8.

9. COMRELS / Sporting Events.

All sporting events were cancelled due to sea state and difficulty in getting Sailors ashore in time for both the soccer and volleyball engagements. However, more than 100 strike group personnel

and U.S. Country Team members fulfilled all the other COMREL obligations which included interacting with residents at the Vocational Charity Center, Dorothea's Project Legacy Charity Center, Agent Orange Victims Center, Hoa Mai Orphanage and Dong A University. Local media covered these events and interviewed strike group personnel.

10. U.S. Pacific Fleet Band.

The U.S. Pacific Fleet band modified their performance schedule to support Vietnamese direction to refrain from large public gathers due to concerns with COVID-19. The band performed at the Vietnamese hosted dinner followed by the Charity Center COMREL, U.S. Pacific Fleet hosted reception, Hoa Mai Orphanage COMREL and Nguyen Huu Dinh Opera Theatre.

11. Professional Exchanges.

All three planned professional exchanges (air traffic controller, firefighting and meteorology) involving tours of TR were cancelled due to sea state and/or COVID-19 concerns. U.S. Country Team representatives supported the HA/DR professional exchange ashore with the focus on disease prevention at Da Nang Hospital for Women and Children. Media was in attendance but no CSG/TR representation was at the event.

12. Notable Media Engagements.

- Ambassador Kritenbrink, ADM Aquilino, RDML Baker, CAPT Crozier and CAPT (b) (6) : arrival ceremony. 5 March
- Ambassador Kritenbrink, ADM Aquilino, RDML Baker: opening ceremony press conference, 5 March
- Ambassador Kritenbrink and ADM Aquilino: Foreign Press Center Hub Call, 6 March
- Ambassador Kritenbrink, ADM Aquilino and RDML Baker: COMREL 2 Dorothea's Project Legacy Charity Center, 6 March

13. Key Messages Delivered to Regional / International Audience.

- This visit commemorates the 25th anniversary of bilateral relations between the U.S. and Vietnam.
- This visit marks a significant milestone in our bilateral relations and highlights our continued cooperation with Vietnam.
- Sailors look forward to people-to-people interactions that build ties.
- Presence in the Pacific region is routine; and has helped maintain peace for more than 70 years.
- Operating in the region supports regional security, stability and prosperity.
- Operating in accordance with international laws, rules, standards and norms across the region allows us to reassure our allies and partners keep global trades flowing.

14. Key Messages Delivered to Vietnamese Audience.

- Honored to receive a heartfelt welcome from the government and people of Vietnam.

- This historic visit fulfills an agreement between our top leaders and marks a significant milestone in bilateral relations.
- Visit demonstrates U.S. support for a strong, prosperous, and independent Vietnam.
- Sailors look forward to people-to-people interactions that build ties and enjoying the culture.

15. Opinions and Impressions.

- a. The site visit conducted by the TRSG PAO a month in advance was important to execution of the public affairs mission but was not adequate time for preparation due to delayed responses from the host nation regarding proposed events. Overall, public affairs coordination and execution worked well in accordance with Enclosure (3).
- b. Media engagements and tours were tough due to having to move all tours and engagements to USS Bunker Hill. Media and guests were more interested in seeing the Carrier. Having dedicated translators for engagements to communicate the changes in the schedule was key.
- c. Definitely need at least one PAO and one MC based ashore during the port visit to ensure coverage of events that occur even if liberty boats are not running. A dedicated PAO vehicle was also essential to support all events throughout the port visit.
- d. The focus on people-to-people interactions such as professional exchanges, COMRELS and sporting events, had a significantly positive impact locally, which translated to positive media coverage throughout the port call even though the professional exchanges and sporting events ended up being cancelled. Absolutely need a PAO at every COMREL to help facilitate interviews and media coverage.
- e. The formal Big Top Reception held at a local hotel, vice on the ship, left a positive impression with all Vietnamese guests. Well worth the effort to still put on a major event even with having to change the venue the day of the event.

Very Respectfully,

(b) (6)
LCDR USN

PVST Schedule Overview

CVN PVST & DV SOE- as of 1830 3 MARCH 2020																							
MON	2-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
TUE	3-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
WED	4-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
THU	5-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
FRI	6-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
SAT	7-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
SUN	8-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					
MON	9-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200				
		PACFLT																					
		Spouse																					

Enclosure (1)

Pre-Port DLO Visit DV Embark Itinerary

Tuesday, March 3, 2020

1100 COD Arrival
1110 Welcome in CO's In Port Cabin
- Light refreshments served
- Group Photo
1150 CO's In Port Cabin: Safety Brief
1215 Flight Deck: Launch/Recovery
1250 Navigation Bridge
1315 Pri-Fly
1335 Flag Bridge (Observe 1345L/R)
1415 Ready Room Brief in RR5 with HSC-8
1445 ATO Shack: Safety Brief
1515 Launch

Wednesday, March 4, 2020

1115 COD Arrival
1120 Welcome in CO's In Port Cabin
- Light refreshments served
- Group Photo
1200 CO's In Port Cabin: Safety Brief
1230 Flight Deck: Launch/Recovery
1305 Navigation Bridge
1330 Pri-Fly
1350 Flag Bridge (Observe 1400 L/R)
1430 Ready Room Brief in RR6 with VFA-154
1500 ATO Shack: Safety Brief
1530 Launch

Vietnam Guests(March 3)

- 1) **Noah Zaring**, Counselor for Political Affairs, U.S. Embassy, Hanoi, Vietnam
- 2) **Pham Thi Ngoc Ha**, Department of Foreign Relations, National Assembly
- 3) **Giang Nguyen**, Interpreter
- 4) **Nguyen Hong Quang**, Deputy Director, Ministry of Foreign Affairs, Vietnam
- 5) **Dang Le Hoang**, Officer, Ministry of Foreign Affairs, Vietnam
- 6) **Do Hoang Linh**, Deputy Director General, Ministry of Foreign Affairs, Vietnam

- 7) **Nguyen Hung Son**, Director General, Drug Administration of Vietnam
- 8) **Vu Cong Huan**, Deputy Director General, National Boundary Commission, Vietnam
- 9) **Nguyen Thanh Son**, Deputy Director General, Ministry of Public Security, Vietnam
- 10) **Nguyen Ky Son**, Deputy Director General, Communist Party of Vietnam
- 11) **Ho Anh Tai**, Officer, Office of the Government
- 12) **Ho Ky Minh**, Vice Chairman, Da Nang People's Committee
- 13) **Huynh Duc Truong**, Director of Da Nang Department of Foreign Affairs
- 14) **Sr. Col. Pham Van Hung**, Navy Region 3 Commander
- 15) **Sr. Col. Ton Duc Cuong**, Commander of Border Gate Da Nang
- 16) **Sr. Col. Le Duc Cuong**, Head of Planning Department, Ministry of Foreign Affairs, Vietnam
- 17) **Major Nguyen Huu Duc**, Quoc Phong Television

Country Team(March 4)

- 1) **(b) (6)**, Deputy Principle Officer, Ho Chi Minh City, Vietnam
- 2) **(b) (6)**, Political Officer, Ho Chi Minh City, Vietnam
- 3) **(b) (6)**, American Chamber of Commerce Ho Chi Minh City Chair
- 4) **(b) (6)**, Economic Officer, Ho Chi Minh City, Vietnam
- 5) **(b) (6)**, Political Section Staff, U.S. Embassy Hanoi, Vietnam
- 6) **(b) (6)**, Public Affairs Officer, Ho Chi Minh City, Vietnam
- 7) **(b) (6)**, General Service Office, U.S. Embassy Hanoi, Vietnam
- 8) **(b) (6)**, Management Section, Ho Chi Minh City, Vietnam
- 9) **(b) (6)**, Defense Attache Office, U.S. Embassy Hanoi, Vietnam
- 10) **(b) (6)**, Office of Defense Cooperation, U.S. Embassy Hanoi, Vietnam
- 11) **(b) (6)**, CMSE Singapore
- 12) **(b) (6)**, Consular Ho Chi Minh City, Vietnam
- 13) **(b) (6)**, Regional Security Office U.S. Embassy Hanoi, Vietnam
- 14) **(b) (6)**, Regional Security Office Ho Chi Minh City, Vietnam

Enclosure (2)

PA Personnel Assignments

Key Events (* indicates when scapeboard plaques will be presented)

	Event	PAO Support	MC Coverage	Senior Group Rep
3 Mar	DLO Vietnam DV Embark	LCR (b) (PAO) / LT (b) (APAO)		RDML Baker, CO etc.
4 Mar	DLO Vietnam DV Embark	LT (b) (APAO) / MCCS (b) (6)		RDML Baker, CO etc.
4 Mar	RO1N VTV Embark	LCDR (b) (PAO) / MCC (b)	N/A	RDML Baker, CO etc.
5 Mar / 1500	Opening Ceremony	LCDR (b) (PAO)	MC3 (b) (6)	ADM Aquilino, RDML Baker, AMB, TR CO, BKH CO, etc.
5 Mar / 1515	Press Conference	LCDR (b) (PAO)	MC3 (b) (6)	ADM Aquilino, RDML Baker, AMB, Vietnamese Officials
5 Mar / 1500	COMREL #1 Vocational Charity Center	USCT/HCMC (b)	MC3 (b)	BKH Chaps*
5 Mar / 1700	CVN Media Tour	LCDR (b) (6) (PAO)		n/a
5 Mar / 1830	Vietnam-Hosted Leadership Dinner	CAPT (b) (CPF PAO)	MC3 (b) (6)	ADM Aquilino, RDML Baker, AMB, TR CO, BKH CO, etc.
6 Mar / 0800	COMREL #2 Dorothea's Charity Center	LTJG (b) (DPAO)	MC3 (b) (6) - MC3 (b) (6)	CDR (b) (TR Chaplain)*
6 Mar / 0900	Professional Exchange HA/DR	HCMC (b)	n/a	n/a
6 Mar / 1400	COMREL #3 Agent Orange Center	HCMC (b)	MC2 (b)	LT (b) *
6 Mar / 1000	Soccer Competition	HCMC (b)	MC3 (b) (6)	MAC (b) *
6 Mar / 0900	TR Tour #1	LT (b) (APAO)	n/a	n/a
6 Mar / 1100	TR Tour #2	LT (b) (APAO)	n/a	n/a
6 Mar / 1200	TR Tour #3	LT (b) (APAO)	n/a	n/a
6 Mar / 1300	TR Tour #4	LT (b) (APAO)	n/a	n/a
6 Mar / 1830	TR (Big Top) Reception**moved to GB**	LCDR (b) (PAO)	MCC (b) & MC3 (b) (6)	PACFLT Commander
7 Mar / 0900	COMREL #4 Hoa Mai Orphanage	LTJG (b) (DPAO)	MC2 (b) / MC3 (b)	LCDR (b) (6) *
7 Mar / 0930	COMREL #5 Dong A University	LTJG (b) (DPAO)	MC2 (b)	LTJG (b) (TR Chaps)*
7 Mar / 0930	Professional Exchange ATC	LCDR (b) (PAO)	MC2 (b)	CDR (b) (Air Ops)*
7 Mar / 1000	Volleyball Competition	LTJG (b) (DPAO)	MC3 (b) (6)	(b) (6), FUNBOSS*
7 Mar / 0900	TR Tour #6	LT (b) (APAO)	n/a	n/a
7 Mar / 1000	TR Tour #7	LT (b) (APAO)	n/a	n/a
7 Mar / 1100	TR Tour #8	LT (b) (APAO)	n/a	n/a
7 Mar / 1200	TR Tour #9	LT (b) (APAO)	n/a	n/a
7 Mar / 1800	Navy Band Concert	USCT/HCMC (b)	MC3 (b) & MC3 (b)	n/a
8 Mar / 1000	TR Tour #10	LT (b) (APAO)	n/a	n/a
8 Mar / 1100	TR Tour #11	LT (b) (APAO)	n/a	n/a
8 Mar / 0800	Professional Exchange Firefighting	LTJG (b) (DPAO)	MCSN (b) (6)	LCDR (b) (6) (DCA)*
8 Mar / 1300	Professional Exchange METOC	LTJG (b) (DPAO)	MCSN (b)	LCDR (b) (METOC)*
9 Mar / 1200	Departure Ceremony	UCST/HCMC (b)	MC3 (b)	BKH CO

Enclosure (3)

MEDIA COVERAGE

U.S. AIRCRAFT CARRIER USS THEODORE ROOSEVELT'S VISIT TO VIETNAM

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TV NEWS

Vietnam National Television – March 8 - 12h (starts at 14:31)

[Friendly visit to USS Theodore Roosevelt](#)

The flags of Vietnam and the United States were present on board. There are 5,000 sailors on board the carrier, many of them were paying their first visit to Vietnam. The visit also includes many community events and exchanges. Working on a carrier is an honor for a sailor. The carrier visit demonstrates the friendship between two countries and two peoples.

Danang TV - March 8 (starts 24:40)

[Wrap up on the visit to Danang by USS Theodore Roosevelt.](#)

http://www.drt.danang.vn/truyen_hinh-34126-184

Danang TV March 7 (starts 13:26)

[US sailors exchange at Hoa Mai orphanage in Da Nang and Dong A University.](#)

The Pacific Fleet Band provided an exciting music performance for children at the Hoa Mai orphanage. The exchange is among a series of events to celebrate the 25th anniversary of the bilateral relationship. In the afternoon, U.S. sailors had a language exchange at Dong A University. This is the second time U.S. sailors had exchange at Dong A University.

http://www.drt.danang.vn/truyen_hinh-34108-184

Danang TV - March 6 (starts 12:28)

[U.S. sailors visit charity center in Danang city](#)

Admiral Aquilino, Ambassador Krittenbrink, and sailors from the USS Theodore Roosevelt visited the charity center of Da Nang city. The Pacific Fleet Band performed in Vietnamese, to the enjoyment of their young audience, and U.S. sailors also took part in other activities with children at the charity center. Sailors later visited the Agent Orange facility in Danang city and spent time planting vegetable and painting at the facility. Unfortunately, due to concerns over COVID-19, children at the facility couldn't participate in the event.

http://www.drt.danang.vn/truyen_hinh-34088-184

Truyen Hinh Quoc hoi (National Assembly Television) – March 06, 2020

U.S. Navy ships visits Danang

USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Danang on March 5 for a scheduled port visit commemorating 25 years of U.S. -Vietnam diplomatic relations. During the visit, the two sides will conduct several professional and cultural exchanges with a focus on measures to prevent COVID-19. U.S. navy delegation led by Admiral Aquilino also paid courtesy visit to the People's Committee of Danang. This visit demonstrates the capability of Danang in welcoming foreign ships, promoting image of Vietnam.

<http://quochoitv.vn/videos/thoi-su/2020/3/tau-hai-quan-hoa-ky-tham-thanh-pho-danang/291548> (6K view)

Similar news

VTC – March 5, 2020

U.S. Navy ships visits Danang

<https://www.youtube.com/watch?v=7m-uZWcGO0> (314K view)

U.S. Navy ships comfortable with Danang's measures to prevent covid-19.

<https://www.youtube.com/watch?v=K10ga-Lic7M> (185K view)

VTV - March 5 (starts at 39:40)

<https://vtv.vn/truyen-hinh-truc-tuyen/vtv1/thoi-su-0.htm>

Truyen Hinh Quoc Phong (Defense Television) - March 5 20h (starts at 31:45)

<http://qpvn.vn/tin-video/ban-tin-thoi-su-quoc-phong-ngay-05-03-2020.html>

Truyen Hinh Nhan Dan - March 5 (starts at 21:20)

<https://nhandantv.vn/chuong-trinh-thoi-su-45-phut-chieu-ngay-5-3-2020-n132324.htm>

Da Nang TV - March 5 (starts at 5:00)

USS Theodore Roosevelt was the second U.S. carrier to visit Vietnam in 40 years. The visits demonstrate the strength of the bilateral relationship, not only the strengthening of defense ties but also the professional and cultural relations. U.S. delegation led by Admiral Aquilino also paid a courtesy visit to Danang's People's Committee.

http://www.drt.danang.vn/truyen_hinh-34065-184

PRINT, ONLINE NEWS

The ship visit is widely and intensively covered by over 40 local mainstream outlets, including popular big outlets such as Tuoi Tre, Thanh Nien, Tien Phong, VnExpress, Dan Tri, Soha and Zing.

CVN 71

VnExpress (Mar 5)

US aircraft carrier visits Vietnam, second in two years



The USS Theodore Roosevelt arrived in Da Nang on Thursday, the second U.S. aircraft carrier to visit Vietnam in two years. It docked at Tien Sa Port along with cruiser USS Bunker Hill and a destroyer. The carrier has 5,000 crew members and the fleet, 6,500. That visit marked a milestone in diplomatic ties between the two former enemies. It was the first time a U.S. Navy aircraft carrier docked in Vietnam, four decades after the end of the Vietnam War.

Vietnamplus (Mar 5)

US naval ships arrive in Da Nang



US Navy aircraft carrier USS Theodore Roosevelt (CVN 71) and the guided-missile cruiser USS Bunker Hill (CG52) arrived in the central coastal city of Da Nang on March 5, beginning an official visit to Vietnam as part of activities to mark the 25th anniversary of Vietnam-US diplomatic ties. The US delegation was led by Admiral John C. Aquilino, commander of the US Pacific Fleet, and US Ambassador to Vietnam Daniel Kritenbrink.

After the welcome ceremony, Vice Chairman of the municipal People's Committee Ho Ky Minh co-chaired a press conference with Admiral John C. Aquilino. The same day, the commanders of the US naval ships paid a courtesy visit to Chairman of the municipal People's Committee Huynh Duc Tho.

Biz Live (Mar 5)

USS Theodore Roosevelt arrives in VN to commemorate 25 years of relations



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Da Nang, Vietnam on March 5 for a scheduled port visit commemorating 25 years of U.S. -Vietnam diplomatic relations. "This visit follows on the historic 2018 visit of USS Carl Vinson (CVN 70), the first U.S. aircraft carrier to visit Vietnam in more than 40 years," said U.S. Ambassador to Vietnam Daniel Kritenbrink. "It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been."

Vietnamnet (Mar 5)

U.S. aircraft carrier arrives in Da Nang



Along with USS Bunker Hill (CG52) and 5 U.S. Navy Arleigh Burke-class destroyers, USS Theodore Roosevelt aircraft carrier docked at Tien Sa port, starting a visit to Danang from 5-9 March. This is the second time an US aircraft carrier visited Vietnam since 1975.

[Zing](#) (Mar 5)

Close-up of USS Theodore Roosevelt in Da Nang



Replying to the query of reporters in the press release on March 5, the U.S. Ambassador to Vietnam Daniel J. Kritenbrink noted the visit of the USS Theodore Roosevelt (CVN-71) and USS Bunker Hill (CG-52) is not only to commemorate the 25th anniversary of the bilateral diplomatic ties but also prove Washington's commitment to the region. "I would say that the motivations for Vietnam - U.S. bilateral relations enhancement are the values we share about peace promotion, security, and prosperity," the U.S. diplomat said. "That you have witnessed the second visit made by the U.S carrier to Vietnam in just two years shows our relationship with the Vietnamese partners." Regarding the bilateral relations in the future, he said that the two sides would continue building strategic trust and carrying out other activities. The U.S. side will help Vietnam strengthen its maritime capacity, disaster response, and perform peacekeeping mission in South Sudan.

[Soha](#) (Mar 5)

U.S. Ambassador to Vietnam: The visit is a testament to the U.S. commitment to a strong, prosperous Vietnam



6

Enclosure (4)

Ambassador Krittenbrink said that the bilateral relationship is an important factor in preserving regional peace, especially given Vietnam's growing international role, including as the ASEAN Chair this year. Trusted partners prospering together is the new slogan in the relationship of the two countries in 2020, on the occasion of the 25th anniversary, Ambassador Krittenbrink emphasized.

Tien Phong (Mar 5)

The United States supports Vietnam in defending its sovereignty and independence



The United States stands with Vietnam during Vietnam's guard of sovereignty and navigation rights per international law, said Adm. John C. Aquilino, commander, U.S. Pacific Fleet. He added that Vietnam-United States ties are important and the United States is dedicated to preserving a free and open Indo-Pacific, and the ties would help Vietnam protect its sovereignty and prosperity alongside the United States. Upon setting his feet at the port, Adm. John C. Aquilino expressed his honor to reach Vietnam. He hailed that this visit marked 25 years of U.S. -Vietnam diplomatic relations. He also noted that the United States trusts its partners based on mutual respect. He added that the aircraft carrier's visit is a new milestone in bilateral ties, showing consistent and strong support from the United States to Vietnam.

Bao To Quoc (Mar 5)

The carrier visit takes place at a critical time for U.S. - Vietnam bilateral relations



This visit comes at “an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been” said U.S. Ambassador to Vietnam Daniel Kritenbrink.

Nong Nghiep VN 2 (Mar 5)

U.S. to transfer coast guard vessel to Vietnam later this year



The U.S. will deliver a coast guard vessel to Vietnam at the end of this year, said Admiral John Aquilino. He made the announcement when USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Da Nang, Vietnam on March 5 for a scheduled port visit commemorating 25 years of U.S. The transfer will be implemented in the same manner as last time. Mr. Aquilino said that his country will cooperate with Vietnam to train the sailors. He also informed other programs, including the sale of ScanEagle reconnaissance UAVs to Vietnam. Mr. Aquilino affirmed that his country will support Vietnam as long as Vietnam needs and is willing to discuss any equipment transfer that Vietnam wants.

Vietnamplus (Mar 05)

USS Theodore Roosevelt's Vietnam visit boosts bilateral ties: MOFA



With the nod from the Vietnamese government, a fleet of U.S. naval ships including USS Theodore Roosevelt and USS Bunker Hill is visiting Tien Sa port in Danang on Mar 5-9, Vietnam MOFA spokesperson Le Thi Thu Hang told reporters on Mar 5. This is a regular visit of the U.S. aircraft carrier, which is part of programs to commemorate the 25th anniversary of Vietnam-U.S. diplomatic ties and is inline with the Comprehensive Partnership, she added. During the visit, crew members will participate in a welcome ceremony, press briefing, courtesy meeting with Danang leader, Vietnam Naval force, and other civil exchanges. Ms. Hang also shared that the U.S.-ASEAN summit would not take place in the near future due to the complications of the COVID-19.

(Also on [Bao Quoc Te](#); [KTDI](#); [ANTD](#); also on [MSN](#))

[Thanh Nien](#) (Mar 5)

Vietnamese reporters prepare to board USS Theodore Roosevelt



On the afternoon of March 5, two groups of reporters were scheduled to tour the USS Theodore Roosevelt aircraft carrier, which is currently anchored on the Gulf of Vietnam's central Danang City. At 14:00 pm local time, nearly 100 domestic and foreign reporters were be taken to buoy No. 0 at Tien Sa port of the municipal Son Tra District to view the aircraft

carrier, after attending the welcome ceremony. However, due to weather conditions, both ship tours were cancelled.

[Tuoi Tre](#) (Mar 7)

[Vietnamese reporters visit CVN-71 after several attempts](#)



A group of Vietnamese reporters from 10 outlets was able to make it to USS Theodore Roosevelt on Mar 7 after several failed attempts. The group arrived on board the ship at 2:30 pm local time. The crew members and officials from the U.S. Embassy in Vietnam gave the reporters a tour of some parts of the ship.

(Also on [Zing](#); [Zing](#); [Tuoi Tre's video](#); [Thanh Nien](#))

[VnExpress](#) (Mar 7)

[U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral](#)



Admiral John C. Aquilino, commander of the U.S. Pacific Fleet, thanked Vietnam for welcoming the port call of the USS Theodore Roosevelt (CVN-71), for displaying great hospitality, and for sharing the culture with sailors, during a telephone conference with Vietnamese media on March 6. The conference took place alongside the visit of the CVN-71 to Vietnam's central Danang City on March 5-9. Mr. Aquilino added that the United States expects similar events in the future. Admiral Aquilino noted that U.S. warships have been visiting Vietnam since 2003 and the CVN-71 is the second U.S. aircraft carrier to make such port call. He also stated that the United States wants to continue supporting, building, and developing the bilateral ties, including port calls. Hailing the port call as a milestone, the admiral stressed that the United States backs Vietnam for the latter's efforts toward protection of the sovereignty, independence, application of its legal sovereignty, and compliance with international law. He said that the commitments of both sides, including this port call, would help maintain the sustainable ties, for interest and mutual trust. Mr. Aquilino also informed about maritime cooperation with Vietnam, especially in transfer of equipment, including a Hamilton-class cutter; maritime understanding; humanitarian aid; search and rescue; and natural disaster relief, among others.

(Also on [Zing](#), [Dan Tri](#))

The following news sites published similar articles

[Tuoi Tre](#) (Mar 5)

USS Theodore Roosevelt aircraft carrier has anchored in Danang Bay



[Thanh Nien 2](#) (Mar 5)

USS Theodore Roosevelt entered Da Nang Bay



Dat Viet (Mar 5)

U.S. aircraft carrier has docked at Da Nang port



Dan Tri (Mar 5)

The U.S. aircraft carrier strike group began a friendship visit to Da Nang



VTC News (Mar 5)

The U.S. Navy's CVN-71 carrier fleet enters Danang



Tap Chi Thong Tin Doi Ngoai (Mar 5)

Theodore Roosevelt Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations



Lao Dong (Mar 5)

U.S. Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations



[Hanoi Times](#) (Mar 5)

Second US aircraft carrier visits Danang after Vietnam War



[Phap Luat Plus](#) (Mar 5)

U.S. Navy's USS Theodore Roosevelt visited Da Nang



Cong Ly (Mar 5)
U.S. Strike Group visits Vietnam



Nong Nghiep VN (Mar 5)
USS Theodore Roosevelt has entered Danang



(Also on: [Phap Luat](#), [Bao Quoc Te](#); [Giao Thong](#); [VOV](#); [Bao Ve Phap Luat](#); [NLD](#); [VOH](#); [Dan Viet](#); [Doanh Nghiep VN](#); [BNews](#); [Khoa Hoc Doi Song](#); [Bao Hai Duong](#); [Thuong Hieu Cong Luan](#);)

COMRELS

Zing (Mar 5)

CVN-71 crew members visit career center for kids with disabilities in Danang



A group of crew members from USS Theodore Roosevelt visited a career center for children with disabilities in Ngu Hanh Son district in Danang on March 5. In addition, Ms. Emily A. York from the U.S. General Consulate told Zing that she loved the items that the people made at the center. Tho Nguyen, a crew member from USS Theodore Roosevelt, shared that he wanted to stay longer to meet and interact with more learners at the center. Later, the naval ship crew members filmed a Gangnam style dancing video with the learners at the center.

Tien Phong (Mar 7)

USS crew members visit Hoa Mai orphanage



A group of crew members from USS Theodore Roosevelt on Mar 7 sang and danced to the song “Ghen Co Vy,” which had made headlines worldwide in recent days for its message in hygiene to fight the COVID-19 outbreak. The activity took place at the Hoa Mai orphanage. CG Marie Damour also participated in the activity. Speaking to Tien Phong newspaper, Ms. Emily Kershaw said she was excited to visit Danang and meet with the kids here. Ms. Emily Kershaw also performed some Vietnamese hit song such as “Noi vong tay lon” (Great Circle of) and “De Mi noi cho ma nghe.”
(Also on [Tien Phong 2](#); [Nguoi Lao Dong](#))

[Giao duc Thoi Dai \(Mar 7\)](#)

USS crew members do charity work



A group of 20 crew members from USS Theodore Roosevelt did some charity works at center for sponsoring Agent Orange victims and disadvantaged children in Danang on Mar 6.
(Also on [To Quoc](#); [Netnews](#); [NLD](#); [Zing](#); [Thanh Nien](#))

[Bao To Quoc \(Mar 7\)](#)

USS crew members visit Dong A University



A group of crew members from USS Theodore Roosevelt visited Dong A University in the afternoon of Mar 7. The event is part of a series of activities during the friendly visit of the naval ship to the city during Mar 5-9 and is also part of the program to commemorate the 25th anniversary of Vietnam-U.S. diplomatic ties. Dong A university gifted the delegation 100 bottles of sanitary gel. Officer Mark Bristol shared that the visit to Dong A University helped push exchanges in languages, culture, ideas, and create cooperative ties, links between the military officers and the students in an effort to maintain peace. This is the second time students from Dong A University had exchanges with crew members of a USS ship, the previous exchange was with USS John McCain in 2016. It is also the fifth exchange with foreigners in 2020, following those from Japan, New Zealand, Taiwan, and Thailand.

[Zing News \(Mar 11\)](#)

[U.S. Strike Group Completes Port Visit to Da Nang](#)



“This visit is just one more step forward in strengthening our friendship and partnership with Vietnam, and I could not be more optimistic about our shared future together,” U.S. Ambassador to Vietnam Krittenbrink said. On Mar. 9, USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) left Tien Sa Port, successfully completing a scheduled five-day port visit to Da Nang, Vietnam. The visit, which commemorated 25 years of U.S.-Vietnam

diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70). U.S. Ambassador Krittenbrink affirmed that the port visit demonstrated the strong U.S. commitment to its comprehensive partnership with Vietnam and to a free and open Indo-Pacific.

Phap Luat Viet Nam (Mar 11)

Theodore Roosevelt Strike Group Completes Port Visit to Da Nang



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) successfully completed a scheduled five-day port visit to Da Nang, Vietnam on March 9, said the U.S. Embassy Hanoi in a press release published on Mar 11. “We are honored to receive such a wonderful and warm welcome from the people of Vietnam,” said Adm. Aquilino in a March 6 telephone briefing with journalists. “This port call highlights our continued cooperation and strong support for Vietnam...Our commitment to each other, including this week’s visit, will help ensure a stable, predictable, and durable relationship based on mutual interests, values, and trust.” During the visit, sailors from both ships participated in cultural exchanges and community service projects including making crafts, playing sports, a language exchange, gardening, and painting at Da Nang’s Vocational Charity Center, the Center of the Charity and Child Protection Association, the Agent Orange Victims Center, Hoa Mai Orphanage, and Dong A University.

Lao Dong (Mar 11)

Vietnamese American sailors in the Theodore Roosevelt Strike Group visit Vietnam



The visit also offered an opportunity for a number of Vietnamese American sailors in the Theodore Roosevelt Strike Group to visit Vietnam. “I haven’t been back to Vietnam in over 20 years. I look forward to reconnecting with my culture and enjoying Vietnamese food,” said Tho Nguyen, Chief Electrician’s Mate aboard the USS Bunker Hill. A professional exchange taking place during the visit focused on cooperating on infectious disease prevention. Adm. Aquilino and Ambassador Kritenbrink also addressed business leaders at a lunch hosted by the Ho Chi Minh City Chapter of the American Chamber of Commerce.

[VOA Vietnamese \(Mar 11\)](#)

[Theodore Roosevelt Strike Group Completes its Visit to Vietnam](#)



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) successfully completed a scheduled five-day port visit to Da Nang, Vietnam on March 9, according to a press release announced on Mar 11. The visit, which commemorated 25 years of U.S.-Vietnam diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70), demonstrated the

strong U.S. commitment to its comprehensive partnership with Vietnam and to a free and open Indo-Pacific, the release said.

[VOA Vietnamese](#) (Youtube, Mar 11)

Theodore Roosevelt Strike Group Completes its Visit to Vietnam



[RFA Vietnamese](#) (Mar 11)

U.S. air carrier's visit to Danang affirms strong U.S. commitment to Vietnam and region



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52)'s visit to demonstrated the strong U.S. commitment to its comprehensive partnership with Vietnam and to a free and open Indo-Pacific. The visit, which commemorated 25 years of U.S.-Vietnam diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70). According to some international experts, carrier's visit to Vietnam this time was proposed last year and Vietnam reluctantly accepted because it was concerned about strong reactions from China.

[Reuters](#) (Mar 11)

U.S. says completes second aircraft carrier visit to Vietnam



The United States has completed its second aircraft carrier visit to Vietnam, the U.S. Embassy in Hanoi said on Wednesday, as the former foes mark 25 years of normalized diplomatic relations. The USS Theodore Roosevelt and its escorts completed a five-day visit to the central Vietnamese city of Danang on March 9, the embassy said in a statement. "Visits like these not only strengthen the United States' partnership with Vietnam, but they also continue to ensure peace and stability and freedom of commerce across the region," Ambassador Daniel Kritenbrink said, according to the statement. The port call follows a stop by the USS Carl Vinson in Vietnam in March 2018, in what was the first such visit since the end of the Vietnam War in 1975, underscoring growing strategic ties between Hanoi and Washington at a time when China's regional influence is rising. U.S. carriers frequently cross the disputed South China Sea and are routinely shadowed by Chinese navy vessels, naval officers in the region say. The United States accuses China of militarizing the South China Sea and trying to intimidate Asian neighbors who also have claims to parts of it and might want to exploit its extensive oil and gas reserves. Vietnam has emerged as the most vocal opponent of China's extensive territorial claims to the sea and has been buying U.S. military hardware, such as a Hamilton-class coastguard cutter. Last year, Vietnam and China became embroiled in a months-long standoff over incursions by Chinese survey vessels into Vietnam's exclusive economic zone (EEZ). The United States and Vietnam normalized relations in July 1995.

[U.S. News & World Report \(Mar 11\)](#)

[U.S. says completes second aircraft carrier visit to Vietnam](#)

(Similar to the Reuters article)

HUB CALL WITH USN ADMIRAL AQUILINO AND AMBASSADOR KRITENBRINK

[Soha News \(March 11\)](#)

[U.S. Navy Admiral is honored to received warm welcome from Vietnamese people](#)



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) successfully completed a scheduled five-day port visit to Da Nang, Vietnam on March 9. The visit, which commemorated 25 years of U.S.-Vietnam diplomatic relations, followed the historic 2018 visit of USS Carl Vinson (CVN 70). In a telephonic press conference, U.S. Navy Admiral and Commander of the U.S. Pacific Fleet John C. Aquilino said "We are very honored to receive such a warm welcome from the Vietnamese people. This visit to the port underscores our continued cooperation and strong support for Vietnam. Our commitment, including this week's visit will help ensure a stable, predictable and lasting relationship which is based on shared interests, values and trust."

"Through hard work, mutual respect, and continued resolution of the past and looking forward to a better future, the United States and Vietnam have built a relationship based on mutual trust and respect. This is the second time U.S. aircraft carrier combatant group has visited Vietnam. Such visits not only enhance U.S.-Vietnam cooperation but also continue to ensure peace, stability and free trade throughout the region. This visit is just one step further in improving our friendship and partnership with Vietnam and I am extremely optimistic about our shared future," U.S. Ambassador to Vietnam Krittenbrink added during the telephone press conference on March 6.

"Our relationship with Vietnam is also based on the close ties between the peoples of the two countries and this depends on our ability to participate in direct humanitarian and professional exchanges. This ship visit also provides opportunities for Americans and Vietnamese to share skills such as infectious disease control, language skills, to enjoy musical performances as well as sports activities, and to attend community activities together across Danang," said Ambassador Krittenbrink.

<https://soha.vn/do-doc-tau-san-bay-my-vinh-du-khi-nhan-duoc-su-don-tiep-nong-hau-tu-nhan-dan-viet-nam-20200311101852531.htm?fbclid=IwAR1Z74yHvi4KS49C2wtJTg9I-zBUJWiqWCHKZkDjs5VFVv-l7U9V-efJFU8>

VN Express (March 9)

Experts "U.S. Carrier's visit promotes Vietnam-U.S. cooperation"



The article quoted opinions and comments of experts and diplomats regarding the visit of USS Theodore Roosevelt to Vietnam.

It noted: "In a press roundtable held on March 6, U.S. Navy Admiral and Commander of the U.S. Pacific Fleet John C. Aquilino highlighted USS Theodore Roosevelt's visit to Vietnam was another milestone in the bilateral relationship, showing the United States' strong and continuous cooperation and support for Vietnam. The United States supports Vietnam in its efforts to protect independence and sovereignty, to enforce legal claims, and to comply with international law. The commitments of the two sides, including this port visit, help maintain a sustainable, stable, and predictable relationship, on the basis of mutual benefits, values and trust."

"U.S. Ambassador to Vietnam Daniel Kritenbrink said the United States works closely with Vietnam and ASEAN countries to promote common interests in the region. Countries want to see a rule-based area where freedom of navigation, freedom of aviation is respected, trade is not obstructed, and disputes are resolved peacefully."

<https://vnexpress.net/the-gioi/chuyen-gia-tau-san-bay-thuc-day-da-hop-tac-viet-my-4066264.html?fbclid=IwAR3h-Oc6jDiR1K6OaYoKeJP-78V8XBwIZmMvfMnhwuHib1ce6pcQyPqAKcA>

Zing (Mar 6)

The visit of an U.S. aircraft carrier shows the strength of security cooperation between the two countries

"I'd like to thank my Vietnamese partners for allowing our ships to come in. I want to thank them for the amazing hospitality, for sharing their culture with my sailors, and we look forward to more events like this in the future," said Admiral John C. Aquilino, Commander of the U.S. Pacific Fleet in a press conference via phone March 6. In response to Zing's question whether the U.S. would like to hold carrier visits or friendly port calls on an annual basis, Admiral Aquilino said, "The United States has been executing port calls to Vietnam since 2003, and while this is the second aircraft carrier visit, we look to continue to support and build, develop, and strengthen our bilateral relationships and port calls – a critical aspect of that."

Ambassador Daniel K. Kritenbrink emphasized that the visit of the USS Theodore Roosevelt to Vietnam "demonstrates just how far our partnership with Vietnam has come over the last 25 years." He added that the visit also "signifies the strength of our security relationship. It's one of the most important aspects of our partnership with Vietnam" and evaluated that the

U.S. and Vietnam "shared views and values" regarding a region "based on respect for international law and peaceful resolution of disputes."

<https://news.zing.vn/tau-san-bay-my-den-the-hien-suc-manh-quan-he-an-ninh-hai-nuoc-post1055923.html?fbclid=IwAR1wjplu7eaRMhxIu0wiNqyMOPPj-bT8UrMy5hfuCoi61uEddBnmR2YT85M>

Dan Tri (Mar 6)

U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral



Admiral John C. Aquilino, commander of the U.S. Pacific Fleet, thanked Vietnam for welcoming the port call of the USS Theodore Roosevelt (CVN-71), and for displaying great hospitality, sharing the culture to sailors, at a telephone conference with Vietnamese media on March 6. The conference took place within the visit of the CVN-71 to Vietnam's central Danang City on March 5-9. Mr. Aquilino added that the United States expects similar events in the future. Admiral Aquilino noted that U.S. warships have been visiting Vietnam since 2003 and the CVN-71 is the second U.S. aircraft carrier to make such port call. He also stated that the United States wants to continue supporting, building, and developing the bilateral ties, including port calls. Hailing the port call as a milestone, the admiral stressed that the United States backs Vietnam for the latter's efforts toward protection of the sovereignty, independence, application of its legal sovereignty, and compliance with international law. He said that the commitments of both sides, including this port call, would help maintain the sustainable ties, for interest and mutual trust. Mr. Aquilino also discussed maritime cooperation with Vietnam, noting the transfer of equipment, including a Hamilton-class cutter; maritime domain awareness; humanitarian aid; search and rescue; and natural disaster relief; among others.

<https://dantri.com.vn/the-gioi/tau-san-bay-my-tham-da-nang-do-doc-my-cam-on-su-hieu-khach-cua-viet-nam-20200306163443982.htm>

INTERNATIONAL MEDIA

Times of San Diego (March 9)

San Diego-Based Aircraft Carrier, Cruiser Visit Vietnam to Mark Diplomatic Ties



The San Diego-based aircraft carrier USS Theodore Roosevelt and guided-missile cruiser USS Bunker Hill arrived in Da Nang last week for a scheduled visit to commemorate 25 years of U.S.-Vietnam diplomatic relations.

Da Nang was the site of a major U.S. air base during the Vietnam War, and now hosts post visits by Navy ships amid growing concerns about Chinese expansion in the region.

“This visit follows on the historic 2018 visit of USS Carl Vinson, the first U.S. aircraft carrier to visit Vietnam in more than 40 years,” said U.S. Ambassador to Vietnam Daniel Kritenbrink. “It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been.”

Rear Adm. Stu Baker, commander of Carrier Strike Group 9, said the two warships’ visit is “evidence of the U.S. commitment to a free and open Indo-Pacific where strong, independent nations respect one another’s sovereignty, and uphold the rule of law.”

During the visit, which began March 5, sailors will participate in cultural and professional exchanges, community service projects, sports competitions, and receptions.

“This visit will not only serve to strengthen our bilateral defense relationship, but also help further advance our cultural and professional ties,” said Capt. Brett Crozier, the Theodore Roosevelt’s commanding officer. “We are honored to take part in this important port visit and to receive such a warm welcome.”

The Theodore Roosevelt is America’s fourth Nimitz-class aircraft carrier with a crew of 5,000. It’s the lead ship in a strike group that includes the Bunker Hill and six destroyers.

Pho Bolsa TV, Nua Vong Trai at TV (March 8)

[A close-up of USS Theodore Roosevelt](#)

A video clips introducing the US aircraft carrier USS Theodore Roosevelt while docking in Da Nang Port, Vietnam.

<https://www.youtube.com/watch?v=Gf-mLxHlbPs>

https://www.youtube.com/watch?v=G-2j_SWPkQk

Pho Bolsa TV (March 8)

U.S. Navy Sailors visit Charitable Vocational Center in Da Nang

A video clips featuring U.S. navy sailors' interactions with students of Charitable Vocational Center in Da Nang.

<https://www.youtube.com/watch?v=Cxqk5Rg826c>

Channel News Asia (March 6)

US aircraft carrier USS Theodore Roosevelt visits Vietnam

A video clips by CNA highlighted U.S. aircraft carrier USS Theodore Roosevelt's visit to Vietnam amid tensions between Hanoi and Beijing over South China Sea.

The summary reads:

The USS Theodore Roosevelt is in Vietnam, the second time a US Navy aircraft carrier has visited since the end of the Vietnam War. The trip comes as tensions simmer between Vietnam and China over territorial disputes in the South China Sea.

<https://www.youtube.com/watch?v=RvpKh6kmCgo>

BBC Vietnamese (March 5)

U.S. aircraft carrier visits Da Nang, Vietnam and U.S. are "getting closer"



The news story produced based on the media release published by the U.S. Embassy.

UPI, Space War (March 5)

U.S. aircraft carrier visits Vietnam to celebrate diplomatic ties

by Sommer Brokaw

Washington DC (UPI) Mar 05, 2020



The aircraft carrier USS Theodore Roosevelt and guided-missile cruiser USS Bunker Hill arrived Thursday at a port in Da Nang, Vietnam, for a ceremony to celebrate 25 years of U.S.-Vietnam diplomatic ties.

Ho Ky Minh, the vice chairman of Da Nang's People's Committee, hosted a ceremony to welcome the U.S. Navy carrier group, a USS Theodore Roosevelt statement said.

The ceremony also included other Vietnamese officials, U.S. government officials and military officials.

USS Theodore Roosevelt is the second U.S. aircraft carrier to make a port call in Vietnam since the end of the Vietnam War. The first was two years ago when the USS Carl Vinson made a port call in Danang.

"The visit follows on the historic 2018 visit of USS Carl Vinson, the first U.S. aircraft to visit Vietnam in more than 40 years," U.S. Ambassador to Vietnam Daniel Kritenbrink said in a statement. "It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been."

The visit will include cultural exchanges, community service projects, sports competitions and receptions.

"This visit will not only serve to strengthen our bilateral defense relationship, but also further advance our cultural and professional ties," Capt. Brett Crozier, USS Theodore Roosevelt's commanding officer, said in a statement. "We are honored to take part in this important port visit and to receive such a warm welcome."

The strike group has a total of 6,500 military personnel and left San Diego on Jan. 17 for deployment in the Indo-Pacific region.

"The visit demonstrates the strength of our bilateral relations and highlights our continued cooperation with partner countries and our strong support of the region, including institutions such as the Association of Southeast Asian Nations, of which Vietnam is this year's chair," Rear Adm. Stu Baker, commander Carrier Strike Group 9 said in a statement. "It also serves as evidence of the U.S. commitment to a free and open Indo-Pacific where strong, independent nations respect one another's sovereignty, and uphold the rule of law."

<https://www.upi.com/Defense-News/2020/03/05/US-aircraft-carrier-visits-Vietnam-to-celebrate-diplomatic-ties/2451583424557/>

https://www.spacewar.com/reports/US_aircraft_carrier_visits_Vietnam_to_celebrate_diplomatic_ties_999.html

SOCIAL MEDIA

	Time	U.S. Embassy in Hanoi	U.S. Consulate General in Ho Chi Minh City	Video view (3-second)	Reach	Engagement
1	Mar 9, 2020	Goodbye post		3261	13.6K	2041
2			Goodbye post	2488	11.5	1370
			Vietnamese - American sailor Tho Nguyen		16.3K	1471
3	Mar 8, 2020		Carrier' facts		20.4K	3168
4			Dong A University		12.6K	1109
5		Women's Day			20.5K	1937
			Women's Day		15.1K	2028
6	Mar 7, 2020	Band's concert livestreaming		80.8K	118.2K	40.7K
			Band's concert livestreaming	26.6K	85.7K	11K
7			Band's concert post		23.7K	1441
8		Corona dance		7174	16.7K	1971
			Corona dance	7241	15.9K	1928
9	Mar 06, 2020	Volleyball			11.7K	771
			Volleyball		16.9K	2262

10		Aircraft landing		7552	19.5K	2724
		Aircraft landing		7935	19.6K	3431
11		Xin chao Vietnam		4389	14.6K	1181
		Xin chao Vietnam		4232	12.2K	1497
12		Band's teaser		7971	20.1K	3056
		Band's teaser		8051	19.7K	3359
13	Mar 05, 2020	Ambassador's quote			25.9K	4820
		Ambassador's quote			19.9K	3527
14		Welcome post			195.3K	56.618
		Welcome post			111.7K	34.763

International Headlines

Print (headlines)

- Stars & Stripes, *USS Theodore Roosevelt Arrives in Vietnam, Becoming Second US Carrier To Visit Since The 1970s*, March 4, 2020
- USNI News, *U.S. Aircraft Carrier visits Vietnam to celebrate diplomatic ties*, March 5, 2020
- Vine Express, *US Aircraft Carrier Visits Vietnam, Second In Two Years*, March 5, 2020
- Commander, *Theodore Roosevelt Strike Group arrives in Vietnam*, March 4, 2020
- NHK World Japan, *US Aircraft Carrier Makes Port Call in Vietnam*, March 5, 2020
- Think China, *US Aircraft Carrier Visit and Vietnam's Delicate Balancing Act*, March 5, 2020
- Navy Times, *Good Morning, Vietnam!*, March 7, 2020.
- VOA News, *Why Vietnam Edging Closer, but not too Close, to the US*, March 6, 2020
- Rappler, *US Admiral on VFA Repeal: A little disappointing but relationship not lost*, March 7, 2020
- This Week In Asia, *US Navy Aircraft Carrier Theodore Roosevelt to visit Vietnam as South China Sea tensions simmer*, March 4, 2020
- VN Express International, *US Aircraft Carrier Visiting Vietnam is Armed to the Teeth*, March 6, 2018
- ExpressNews, *South China Sea: US nuclear-powered Aircraft Carrier arrives in the region—China on alert*, March 6, 2020
- The Washington Post Associated Press, *Recent Developments Surrounding the South China Sea*, March 5, 2020
- Philippine Star, *US Pacific Fleet commander values alliance with Philippines*, March 6, 2018

Vietnamese Headlines

- Nhan Dan Online, *US naval ships arrive in Da Nang*, March 6, 2020
- Vietnam, *US naval ships' visit Vietnam helps promote bilateral ties*, March 5, 2020
- VN Express, *US aircraft carrier visits Vietnam, second in two years*, March 5, 2020
- Vietnamplus, *US naval ships arrive in Da Nang*, March 5, 2020
- Biz Live, *USS Theodore Roosevelt arrives in VN to commemorate 25 years of relations*, March 5, 2020
- Vietnamnet, *US aircraft carrier arrives in Da Nang*, March 5, 2020
- Zing, *Close-up of USS Theodore Roosevelt in Da Nang*, March 5, 2020

- Soha, *U.S. Ambassador to Vietnam: The visit is a testament to the U.S. commitment to a strong, prosperous Vietnam*, March 5, 2020
- Tien Phong, *The United States supports Vietnam is defending its sovereignty and independence*, March 5, 2020
- Bao To Quoc, *The carrier visit takes place at a critical time for U.S. – Vietnam bilateral relations*, March 5, 2020
- Nong Nghiep VN 2, *U.S. to transfer coast guard vessel to Vietnam later this year*, March 5, 2020
- Vietnamplus, *USS Theodore Roosevelt's Vietnam visit boosts bilateral ties: MOFA*, March 5, 2020
- Thanh Nien, *Vietnamese reporters prepare to board USS Theodore Roosevelt*, March 5, 2020
- Tuoi Tre, *Vietnamese reporters visit CVN-71 after several attempts*, March 7, 2020
- VnExpress, *U.S. thanks Vietnam for welcoming aircraft carrier visit: admiral*, March 5, 2020
- Tuoi Tre, *USS Theodore Roosevelt aircraft carrier has anchored in Danang Bay*, March 5, 2020
- Thanh Nien, *USS Theodore Roosevelt entered Da Nang Bay*, March 5, 2020
- Dat Viet, *U.S. aircraft carrier has docked at Da Nang port*, March 5, 2020
- Dan Tri, *The U.S. aircraft carrier strike group began a friendship visit to Da Nang*, March 5, 2020
- VTC News, *The U.S. Navy's CVN-71 carrier fleet enters Da Nang*, March 5, 2020
- Tap Chi Thong Tin Doi Ngoai, *Theodore Roosevelt Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic relations*, March 5, 2020
- Lao Dong, *U.S. Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations*, March 5, 2020
- Hanoi Times, *Second US aircraft carrier visits Danang after Vietnam War*, March 5, 2020
- Phap Luat Plus, *U.S. Navy's USS Theodore Roosevelt visited Da Nang*, March 5, 2020
- Cong Ly, *U.S. Strike Group visits Vietnam*, March 5, 2020
- Nong Nghiep VN, *USS Theodore Roosevelt has entered Danang*, March 5, 2020

Public Affairs Guidance

Subject: Public Affairs Guidance for Theodore Roosevelt Strike Group Vietnam Port Visit

1. References

- 1.1 DoDI 5405.03, "Development, Submission, and Approval of Proposed Public Affairs Guidance" February 18, 2016. Describes how PPAG is to be submitted for approval.
- 1.2 CPF OPORD 201, Annex F, (20 Mar. 2019)

2. (U//~~FOUO~~) Background and Coordination

- 2.1 In accordance with refs 1.1 through 1.2, this Public Affairs Guidance (PAG) defines roles and responsibilities and provides direction for military public affairs activities in support of Theodore Roosevelt Strike Group (TRSG) Vietnam Port Visit.
- 2.2. Background. USS Theodore Roosevelt (CVN 71), USS Bunker Hill (CG 52), and USS Pinckney (DDG 91) will conduct a port visit to Da Nang, Vietnam in March 2020. This port visit will occur as the U.S. mission in Vietnam celebrates 25 years of diplomatic relations. The visit will highlight the remarkable progress in the bilateral relationship and our shared future as partners in peace and prosperity. The last aircraft carrier to visit Vietnam was USS Carl Vinson (CVN 70) in March 2018. This visit marked the first time a U.S. aircraft carrier visited the country in more than 40 years.
- 2.3 Communication Goal: Increase International awareness of the commemoration of 25 years of diplomatic relations between the U.S. and Vietnam.
 - 2.3.1 Communication Objectives
 - 2.3.1.1. Eighty percent of earned media coverage includes reporting of the commemoration of 25 years of diplomatic relations between the U.S. and Vietnam.
 - 2.3.1.2. Seventy percent of earned media includes a quote from U.S. leadership.
 - 2.3.1.3. At least 30% of quotes in earned media include talking points below.
 - 2.3 Coordination
 - 2.3.1 This PAG was developed through coordination between TRCSG, U.S. 7th Fleet (C7F), and U.S. Pacific Fleet (PACFLT).
 - 2.3.2. Approved by INDOPACOM as PAG on March 3, 2020.

3. (U//~~FOUO~~) Public Affairs Posture: RTQ prior to arrival. Active upon arrival. Theodore Roosevelt Strike Group PAO has PA lead. A press conference is expected upon arrival, media is expected at public events.

4. (U) Holding Statement.

4.1. Prior to a public announcement of the port visit, the following holding statement is approved for use in RTQ:

(Begin) As a matter of policy, we do not discuss future operations or port visits. (End)

Enclosure (5)

5. (U) News Release [Post-Arrival].

Theodore Roosevelt Strike Group Arrives in Vietnam to Commemorate 25 Years of Diplomatic Relations

DA NANG, Vietnam—USS Theodore Roosevelt (CVN 71) arrived in Da Nang, Vietnam for a scheduled port visit March 5, commemorating 25 years of U.S.-Vietnam diplomatic relations.

The aircraft carrier arrived with two escort ships from the Theodore Roosevelt Strike Group (TRSG), the Ticonderoga class guided-missile cruiser USS Bunker Hill (CG 52) and the Arleigh Burke-class guided-missile destroyer USS Pinckney (DDG 91).

[Ambassador Quote]

Theodore Roosevelt's arrival follows the historic March 2018 visit of the USS Carl Vinson (CVN 70), the first U.S. aircraft carrier to have visited Vietnam in more than 40 years.

"This marks a significant milestone in our bilateral relations and highlights our continued cooperation with partner countries and our strong support for the region, including institutions such as Association of Southeast Asian Nations (ASEAN)," said Rear Adm. Stu Baker, commander, Carrier Strike Group (CSG) 9.

Sailors will participate in cultural and professional exchanges, community service projects, sports competitions, and receptions during the port visit.

"Although this port visit is part of routine U.S. Navy operations, it also represents the strengthening of ties between two countries," said Capt. Brett Crozier, Theodore Roosevelt's commanding officer. "This visit will not only serve to strengthen our bilateral defense relationship, but also help further advance our cultural and professional ties. We are honored to take part in this important port visit and to receive such a warm welcome."

Recent ship visits, including USS Gabrielle Giffords (LCS 10) to Cam Ranh International Port in December 2019 along with UNS Mercy (T-AH 19) and USNS Brunswick (T-EPF-6) to Nha Trang in support of Pacific Partnership from May to June 2018, reflect the U.S. Navy's ongoing commitment to a free and open Indo-Pacific.

Theodore Roosevelt is America's fourth Nimitz-class aircraft carrier with a crew of 5,000 Sailors who support and conduct air operations at sea. The strike group is comprised of a total of 6,500 Sailors, an aircraft carrier, an air wing, a cruiser, and six destroyers.

U.S. 7th Fleet conducts forward-deployed naval operations in support of U.S. national interests in the Indo-Pacific area of operations. As the U.S. Navy's largest numbered fleet, 7th Fleet interacts with 35 other maritime nations to build partnerships that foster maritime security, promote stability, and prevent conflict.

Enclosure (5)

For more news from USS Theodore Roosevelt (CVN 71), visit www.navy.mil/local/cvn71/
For more news from USS Bunker Hill (CG 52), visit <https://www.navy.mil/local/cg52/>

6. (U) Talking Points:

6.1. Port Call

6.1.1. Nearly twenty-five years ago, the United States and Vietnam established diplomatic relations. This port visit highlights our continued cooperation with Vietnam and partner countries in the region, as well as our strong support for the region. Cooperation with partner countries and regional institutions such as ASEAN is at the center of our strategy.

6.1.2. We are honored to receive such a warm welcome in this beautiful country. Our Sailors look forward to participating in professional engagements and community service projects while meeting Vietnam's amazing people and experiencing its vibrant culture.

6.1.3. Port calls are part of the United States Navy's routine operations in the region, and this port call reflects the mutual interest between our countries.

6.1.4. Our presence and commitment to the region is not new. The U.S. Navy has routinely operated in the Indo-Pacific region helping maintain peace for more than 75 years.

6.2. History of Navy-to-Navy relations

6.2.1. U.S. – Vietnam Navy-to-Navy cooperation is focused on maritime security, search and rescue, humanitarian assistance/disaster response, and other professional exchanges and activities. Naval Engagement Activity (NEA) Vietnam, Pacific Partnership, and the many port visits by U.S. Navy ships over the past 15 years are key examples of that cooperation.

6.2.2. U.S. Navy ships began visiting Vietnam annually in 2003 with the visit by the Oliver Hazard Perry class frigate USS Vandegrift (FFG-48) to Ho Chi Minh City followed by the 2004 visit of the Arleigh Burke class guided-missile destroyer, USS Curtis Wilbur (DDG 54) to Da Nang.

6.2.3. In 2018 USS Carl Vinson (CVN 70) conducted a port visit to Da Nang, marking the first time a U.S. aircraft carrier visited the country in more than 40 years.

6.3. Strengthen networks of allies and partners

6.3.1. We are operating in the region to reassure our allies and partners, maintain regional stability, and keep the sea lanes open that are so important to global prosperity.

6.3.2. Seamless coordination between regional allies and partners provides the most effective deterrent against aggression and best underwrites regional peace and stability.

6.3.3. The security and prosperity of the Indo-Pacific is the engine that drives global economic development, and it is in all our interest that the international community plays an active role in preserving the rules-based international order.

6.3.4. Cooperation with partner countries and regional institutions such as ASEAN is at the center of our strategy.

6.3.5. Our Indo-Pacific vision excludes no nation. We seek to work with anyone to promote a free and open Indo-Pacific, so long as that cooperation adheres to the highest standards that adheres to international law and promotes peace and stability throughout the region.

Enclosure (5)

7. (U) Questions and Answers:

Q1. Why is the Theodore Roosevelt Strike Group in port Vietnam?

A1. The U.S. Navy was invited by Vietnam to honor and celebrate the 25th Anniversary of Diplomatic Relations and we look forward to participating in professional and cultural exchanges during community service projects, sports competitions and receptions planned for the port call. The U.S. Navy regularly conducts ship visits of this nature as a matter of routine operations at ports throughout the world. This port call reflects the strength of U.S.-Vietnam Comprehensive Partnership, and in particular, the strength of our close cooperation on issues related to maritime security.

Q2. How many Sailors are on the carrier and part of the TRSG contingency visiting?

A2. There are about 5,000 Sailors on the carrier itself and more than 5,500 Sailors with the other two ships included.

Q3. What will the crew of Theodore Roosevelt Strike Group do in Da Nang?

A3. Sailors will participate in cultural and professional exchanges during community service projects, sports competitions, and receptions planned during the port call.

Q4. What precautions is Pacific Fleet taking in light of COVID-19?

A4. At this time, there are no indications that any U.S. naval personnel have contracted Coronavirus Disease 2019 (COVID-19). In response to the threat caused by this virus, Commander, U.S. Pacific Fleet issued guidance to the Fleet that ensures the risk of COVID-19 is mitigated to our forces. The health and welfare of our Sailors, civilians, and their families is paramount and our efforts are directed at detection and, if required, prevention of the spread of this illness.

Q5. How long will the TRSG be in port? When will TRSG depart Vietnam?

A5. We don't discuss the schedule details for operational security reasons, but just like port visits in other places we will be here for a few days.

Q6. What did Theodore Roosevelt Strike Group do before arriving in Da Nang?

A6. For the past month, the Theodore Roosevelt Strike Group has been a forward presence in the Indo-Pacific providing security and stability to the region. The strike group remains ready to support any tasking U.S. 7th Fleet requires of us.

Q7. How would you describe the current U.S. – Vietnam relationship?

A7. The U.S. – Vietnam Navy- to-Navy cooperation is focused on maritime security, search and rescue, humanitarian assistance/disaster response, and other professional exchanges and activities. Our partnership is strong and our celebration of 25 years of diplomatic relations highlights that bond.

7.1. These questions and answers are specifically for use by the TRSG Commander and visiting ship Commanding Officers. Keep the focus positive, and focused on commemoration of 25 years of U.S.-Vietnam diplomatic relations.

Enclosure (5)

Q1. Did the U.S. begin sending ships to Vietnam just recently to counter PRC influence?

A1. U.S. – Vietnam Navy-to-Navy cooperation goes back more than 15 years and is focused on maritime security, search and rescue, humanitarian assistance/disaster response, and other professional exchanges and activities. Pacific Partnership and the many port visits by U.S. Navy ships over the past 15 years are key examples of that cooperation.

U.S. Navy ships began visiting Vietnam annually in 2003 with the visit by the Oliver Hazard Perry class frigate USS Vandegrift (FFG-48) to Ho Chi Minh City followed by the 2004 visit of the Arleigh Burke class guided-missile destroyer, USS Curtis Wilbur (DDG 54) to Cam Ranh. In 2018, USS Carl Vinson became the first U.S. aircraft carrier to visit Vietnam since the re-establishment of diplomatic relations.

Q2. The strike group's presence in the South China Sea falls into China's narrative that the United States is militarizing the region.

A2. The U.S. Navy regularly operates in the Indo-Pacific region, and has helped maintain peace and security for more than 75 years. Together with our allies and partners, we seek to advance transparency, the rule of law, freedom of navigation and overflight and other principles that underpin security and prosperity for the Indo-Pacific region.

Q3. Did the strike group deploy to the South China Sea and is it visiting Vietnam to send a message to China?

A3. We were invited by Vietnam to honor and celebrate the 25th Anniversary of Diplomatic Relations. Port calls are part of the United States Navy's routine operations in the region. This port call in particular fulfills an agreement between our top leaders. We are honored to receive such a warm welcome in this beautiful country. Our Sailors look forward to participating in professional engagements and community service projects while meeting Vietnam's amazing people and experiencing its culture.

Q4. China is building and militarizing outposts in the South China Sea, endangering the free flow of trade, threatening the sovereignty of other nations, and undermining regional stability. What are you doing to prevent this?

A4. U.S. policy is clear that while we do not take a position on competing sovereignty claims to land features in the South China Sea, we continue to promote peaceful resolution and suspension of destabilizing actions like land reclamation and militarization of disputed outposts. Theodore Roosevelt Strike Group units are here to demonstrate the U.S. Navy's commitment to fly, sail and operate anywhere international law allows. Our presence matters. It ensures the free flow of commerce and helps to maintain peace and stability in the region that has lasted for over 75 years.

Q5. Do you think China will see your visit and operations in the South China Sea as a provocative action?

A5. This port call and our operations in the South China Sea are routine and demonstrate our commitment to regional prosperity and stability. We are honored to receive such a warm welcome in this beautiful country. Our Sailors look forward to participating in professional engagements and community service projects while meeting Vietnam's amazing people and experiencing its culture. (Do not speculate on what China may think or do.)

Enclosure (5)

Q6. Why did your units conduct a Freedom of Navigation Operation on PRC islands in the SCS? (Or any other FON related questions)?

A6. Defer FON questions to C7F/PACFLT then shift back to discussing port call. It is OK to state that it has been extensively covered and you have nothing further to add. C7F/PACFLT are the only command authorized to discuss any details.

Q7. Will your units be conducting freedom of navigation (FON)/ Taiwan Straits Transit (TST) operations in the South China Sea?

A7. As a matter of policy, we do not discuss future operations.

****C7F/PACFLT are the only ones authorized to comment on a specific TSTs/FONs. Defer all questions to C7F if asked about a past TST/FON.****

Q8. Can you comment on North Korea's ballistic missile threat?

A8. I won't comment specifically. Our mission in the Indo-Pacific is to maintain security and stability and strengthen cooperation with our allies and partners.

Q9. Are there any nuclear weapons on board?

A9. It is the policy of the U.S. government not to deploy nuclear weapons aboard U.S. Navy surface ships and aircraft. However, we do not discuss the presence or absence of nuclear weapons.

Q10. Should local citizens be concerned that a nuclear-powered ship is anchored in our waters?

A10. No. U.S. Navy nuclear powered ships have safely operated for more than 55 years without a reactor accident or any release of radioactivity that has had an adverse effect on human health, marine life, or the quality of the environment. U.S. nuclear-powered warships have an outstanding record of over 152 million miles safely steamed on nuclear power (the equivalent of circling the globe at the equator over 6,000 times). U.S. nuclear-powered warships are welcomed in over 150 ports in more than 50 countries worldwide.

Q11. Why do American carriers use nuclear power?

A11. Nuclear power gives our aircraft carrier an unparalleled flexibility that allows us to arrive at a location quickly and stay there longer. We are only limited by the need to replenish food, parts, supplies, ordnance and jet fuel.

Q12. Where are the reactors?

A12. We don't specifically disclose their location on the ship for security reasons.

8. (U) Points of Contact:

8.1. PACFLT Deputy PAO: CDR (b) (6), (b) (6) [@navy.\(smil.\)mil](mailto:navy.smil.mil); (b) (6)

Enclosure (5)

- 8.2. PACFLT Public Affairs Office Action Officer: LTJG (b) (6),
(b) (6) [@navy.mil](#); (b) (6)
- 8.3. C7F Public Affairs Officer: CDR (b) (6), (b) (6) [@lcc19.navy.mil](#)
- 8.4. C7F Deputy PAO: LT (b) (6); (b) (6) [@lcc19.navy.mil](#)
- 8.5. CSG-9/USS Theodore Roosevelt PAO: LCDR (b) (6),
(b) (6) [@cvn71.navy.\(smil.\)mil](#); Comm: (b) (6), Cell: (b) (6).
- 8.6. CSG-9 Sea Operational Detachment PAO and LPO: LTJG (b) (6),
(b) (6) [@cvn71.navy.mil](#) and MC1 (b) (6),
(b) (6) [@cvn71.navy.mil](#)
- 8.7. USS Theodore Roosevelt Public Affairs Team: LT (b) (6),
(b) (6) [@cvn71.navy.mil](#); MCCS (b) (6), (b) (6) [@cvn71.navy.mil](#);
MCC (b) (6); (b) (6) [@cvn71.navy.mil](#).
- 8.8. USS Bunker Hill (CG 52) Unit Public Affairs Representatives: LTJG (b) (6);
(b) (6) [@cg52.navy.mil](#) and MC3 (b) (6); (b) (6) [@cg52.navy.mil](#)
- 8.9. USS Pinckney (DDG 91) Unit Public Affairs Representatives: ENS (b) (6);
(b) (6) [@ddg91.navy.mil](#) and MC3 (b) (6); (b) (6) [@ddg91.navy.mil](#)

Enclosure (5)

(b) (6)

LCDR USN ASSTSECNAV FMC DC (USA)

From: (b) (6)
Sent: Monday, January 20, 2020 1:39 AM
To: HODs; DLCPOs; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CDR USN, HSC-8 PXO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMC USN, HSC-8; (b) (6) LT USN, USS Theodore Roosevelt; (b) (6) PSCM USN, USS Theodore Roosevelt; (b) (6) LTJG USN, USS Theodore Roosevelt; (b) (6) CIV USN, USS Theodore Roosevelt
Subject: Vietnam Planning
Signed By: (b) (6) @navy.mil

TR Leadership,

As I've mentioned in the past, I've received a detailed debrief from the VINSON XO on their port visit to Vietnam. As you'll read in the AAR, the planning for their visit started a year in advance and despite sailing away from the port without 500 Sailors, their visit was considered a success. We are about six weeks out and there has been virtually zero planning so we have much to do.

I've scanned in many of the pertinent documents from the VINSON visit two years ago. All documents are saved under; (b) (7)(E)

The Visit Planning Powerpoint is a monster brief that gives their overall plan leading into the port visit (sorry it's scanned in portrait - I'll get it re-scanned landscape tomorrow). The After Action Report is how the plan worked out - both are Required reading. If it was a VINSON recommendation, take it for action.

SWO/Gator and Senior Shore Patrol - we need watchbills nailed down tight two weeks out

SUPPO - a ton of VINSON recommendations to help the language barrier and work thru some issues with late/no show services

Beach Guard - lots of LL here. We aren't planning for weather to blow up and stop liberty boats but we need to be ready to respond if it happens
Plenty more for all leadership to get familiar with so we can take every thing VINSON did and improve on it!

Looking forward to reviewing the Guam plan and starting the dialogue for Vietnam on Tuesday afternoon.

V/r,
XO

CAPT (b) (6)
Executive Officer
USS THEODORE ROOSEVELT (CVN 71)

In Port: (b) (6)
At Sea: (b) (6)
Cell: (b) (6)
Jdial: (b) (6)

Witness Statement of SURGEON, U.S. SEVENTH Fleet

On 20 May 2020 [21MAY2020 (I)] , I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) , USN
Position: SURGEON, U.S. SEVENTH Fleet

Email Address: (b) (6) @lcc19.navy.mil

Phone(s): DSN (b) (6) (at sea) (b) (6) (in port) comm: (b) (6) (at sea)
(b) (6) (in port)

As the SEVENTH Fleet Surgeon, we have a team of usually four other individuals who work with me in medical. Typically, it's two planners, a Senior Chief Petty Officer IDC, and then usually an HM1 or HM2 as well. Currently one of our planners is a LCDR Health Care Administrator (HCA) and POMI, and the other a LT and prior Chief corpsman. Both are Medical Service Corps Officers. We are currently embarked on USS BLUR RIDGE. During our spring patrol, we've been augmented with an additional HM1 reservist. Years ago, there was a Preventative Medical Officer (PMO) assigned, but in last 5-7 years, that position was transferred to NH Yokosuka. They are still available to consult with us but they are not on our staff.

I'm an urologist by trade. This is my second numbered fleet surgeon tour. Prior to this, I was the CO at Naval Health Clinic Oak Harbor. I was also the CO< MTF on USNS Comfort during Continuing Promise 2015.

At C7F, we have continuous planning ongoing for medivac management, CASEVAC management, force health protection, common operating picture of theater medical capabilities, including COVID-19 capabilities and testing as well. That's our core business, leaning forward, planning for exercises and operations to make sure there's a medical plan embedded in all the fleet does.

With regard to COVID-19, planning and socialization started at the end of January. Beginning January 25 , we sent daily COVID update slides to all CTF surgeons. The first TASKORD was written 13 February and we released it on 15 February. It included a requirements for an education plan, HHQ reporting for ILI, isolation plan, be prepared to execute shipboard outbreak plan, PPE monitoring, and the ability for COs to enact more rigorous efforts according to the risks they perceived. In terms of COVID response, C7F and CPF were in the lead in these efforts for the fleet. That was in the beginning of our COVID-19 deliberate planning and tasking for our subordinate units at that time.

Starting 20 February, we instituted a COVID focused telcon and began receiving regular feedback from our subordinate units on this call regarding the orders we had promulgated, in

additional to regular email and individual phone feedback which had always been present since COVID was 1st recognized as a threat. On 05 March, the CTF TELCONS increased to weekly; this was the week before it was declared pandemic. We did not receive any specific feedback regarding challenges of isolation and quarantine onboard ships. We did push the NTRP guidance as well as other isolation and quarantine guidance.

We coordinated with Naval Medical Research Center (NMRC) and NMCPHC to send three teams with early testing RT-PCR capability. It was non-diagnostic and used for surveillance from a defense standpoint. At that time, it was the only deployable capability, before BioFire was capable of COVID-19 testing. At the time, we assessed the COBRA GOLD exercise was higher risk. We sent testing teams to America, Green Bay- then transferred to Blue Ridge, and TR. In those days, there was very little COVID-19 testing in the U.S. CPF originally had this idea; we all determined it was useful and it was planned from there. The two teams for AMA and GBY were supporting the return of ground elements from Thailand during COBRA GOLD.

In preparation for the growing pandemic, on February 29th, C7F requested support from NEPMU-6 teams, with equipment from NMRC for forward deployable preventative medicine units to mitigate the potential outbreak of COVID-19 aboard America Expeditionary Strike Group (AMA ESG) and CSG-9 ships. Based on medical risk assessment C7F concluded that COBRA GOLD was a higher risk than Vietnam given the thousands of service members on the ground for 2 weeks. AMA ESG (AMA and GREEN BAY) were augmented by the testing teams, in addition AMA was augmented with a PMO and PMT. Because of the inability to have a team fly into Vietnam for TR because of visa requirements with short notice, the team for CSG-9 was flown onto the carrier approximately 1 week after GREEN BAY and AMA received their teams. The team on GREEN BAY was later transferred to the USS BLUE RIDGE as the AMA ESG was collocated and support could be provided by AMA to GREEN BAY.

In terms of Vietnam, it was assessed as low risk at that time. We did have much discussion regarding the planned medical event for TR when she pulled into Vietnam. At the time, Vietnam had 16 or 19 total cases and all recovered, so Vietnam was assessed as low risk. We called back to CDC in country as well as the Embassy country team and were reassured the risk was low. We were certainly concerned, which is why we did due diligence, and we were provided with multiple reassurances. It was really a collaborative decision between our surgeons office, CPF surgeons office, the CPF TSC shop. The medical engagement was ultimately provided by NAMRU-2.

We continued daily emails and weekly telecons. In addition, there were multiple emails and verbal communications throughout the fleet during this entire time. For example, we had an early screening form adopted by the entire fleet, including screening at embarkation and underway. Specific versions included fine details dependent on the region. For example, the CONUS version did not include questions about traveling from America.

The TR put 39 people in quarantine from possible exposure in Vietnam. From what I understand, they were appropriately quarantined for 14 days, observed for symptoms, tested out of Vietnam, during and at the conclusion of the quarantine period. At that time, testing was done

out of abundance of caution, given the status of testing in the U.S. at the time. This led me to have confidence in their practices. At no point did they seem complacent.

Daytime on March 24 (I) is when the known positive cases started being discussed, after the 1st case tested positive the evening before. We became aware of the spread during those first several days. There were lots of emails and phone calls between myself and TR SMO. He was obviously very busy and he was very grateful to have that testing capability on board.

Once the USS THEODORE ROOSEVELT identified positive patients, I spoke with CAPT (b) (6) daily. We've also had a daily sync with III Medical Battalion CO, NH Guam CO, INDOPACOM health attaché who is in New Zealand, and CPF surgeon. We have a daily VTC with Naval Base Guam CO, the regional medical task force, and CSG-9. So we have multiple touchpoints throughout the day. SMOs on carriers are the Task Force surgeons. The carrier SMOs are from the TR and RRN. CAPT (b) (6) dialed in regularly.

TR SMO was concerned about ability to quarantine at sea. That was the initial discussion. He was proceeding with a quarantine plan. We did not have any additional requirements from TR. We and TR rapidly spun up medevac capability to Guam and immediately began planning for her arrival in Guam with additional medical teams based on our initial estimates. These estimates were based on the CDC guidance, which was based on data out of New York (paper sent to investigatory team). Early estimates were for 60 ICU beds and ventilators on the island.

On 27 March, we requested the III Med Battalion come with six ICU teams in order to support. They were the most capable resource at that time, as they were close, capable of providing support, and much of Navy Medicine was deployed with the COMFORT and MERCY. Also, since III Med Battalion were coming from Okinawa, they were coming from COVID-free environment and would be able to be waived from ROM requirements.

When the TR pulled in, the positive numbers were rapidly increasing, especially since we started testing asymptomatic patients to better assess how widespread the outbreak was on the CVN. It became obvious pretty quickly that the positives from RT-PCR testing would be overwhelming. Guam is not a big base, so it is difficult for them to absorb 5,000 people. Tent options for spreading out the crew were declined by CSG-9.

Broad testing was performed, at the outset, to determine the extent of the outbreak. However, as the plan to house that number of people developed and changed, and once it became obvious that it was a widespread outbreak, the focus changed towards testing people into quarantine. Naval Base Guam does not have capacity for single-person housing for 5,000 people, so it was necessary to find another place for them to be housed. Options included flying them to Okinawa into Marine Corps housing. That was ultimately disapproved and hotels were contracted. In both cases—Okinawa or Guam—testing was required by both governments in order to reassure the respective populations that we weren't sending sick people into their populations. The focus at first was on scope of the outbreak on TR, then shifted to testing into quarantine because only people with negative tests were allowed off base into Guam. The same rule would have applied if we were flying people to Okinawa.

Thought it's not clinically advisable to continue testing, it was necessary to break people out of the ship environment. It's one of those pieces of operational medicine, particularly in the international environment. These issues occur and it is then our job to execute them. We rapidly spun up a relationship with Brian D. Allgood Army Community Hospital and their reference lab testing group because they had the capacity for high volume testing.

It was always our intent to move people into single rooms off ship if there were room on base. It would still be better to move people in smaller groups than not move them off the ship from their high occupancy berthing. The analogy I used for the line officers was to think of it as bunches of grapes. If you can't get individual grapes, you can cut them into smaller bunches rather than keeping them in larger bunches. The testing plan flexed as space became available and those who tested positive began to be cohorted in groups. The flow charts changed, but we had discussions with CSG leadership multiple times that the goal was to remove as many people from the shipboard environment as possible.

I became aware of the TR lifting segregation and breaking quarantine based on the emailed questions from CAPT (b) (6). I was not aware previously aware of this. That's not what I would have done. If the rest of the ship had already been cleared out, if those people had gone to their state rooms, I can see the decision. Although by then, we believed the ship was exposed as a whole, but that still would not have been my advice and that is not what I would have done. There were other issues that we became aware of. For example, CAPT Crozier departing amongst a crowd. That is not what I believed to be appropriate during this outbreak scenario. It's always possible I missed something during this busy evolution, but I do not believe so.

The plan for ashore berthing involved all medical teams doing twice daily medical checks. We discussed it during daily medical syncs. The plan for how those who were ill were housed was changed so that people who were ill could be watched more closely.

We discussed ventilation and sanitation, making sure the crew who tested positive were appropriately distanced to the best of their ability in gyms and warehouses. It was a risk-benefit tradeoff. Since we were constrained with positive cases needing to remain on base, there was a balance with occupancy. In a group setting, there was direct 24/7 medical supervision available. Early on, there were conversations with the base about 75 people being too many in the gym because of bathroom constraints. There were multiple conversations about putting some people in the gyms vice having them all on the ship i.e. "Well then let's put five people in gyms if we have to, but let's not put zero people in the gym."

I do not recall an email about testing being required to leave the ship.

I think the desired effect of the CO letter from 30 March was to bring attention to the situation. Unfortunately that is not exactly what happened. Just along that timeline, help had already been requested. On 30 Mar is when we moved samples to Korea for high volume testing. III Med Battalion was supposed to be there on that Monday, but they were delayed for lack of N95 masks that we were able to procure from USNH Okinawa who had just received their push pack of PPE. The timing of the letter was unfortunate. I don't think it improved support to TR, but it did

certainly take many of us off-task, reacting to that rather than being able to spend 100% of our time focusing on support.

I do not know if TR medical was aware of all our efforts that were in the works. I do know that C7F and CPF—and I presume INDOPACOM—were all working very hard on solutions. To what extent that was communicated from CSG-9-to-TR and then TR-to-crew, I do not know. My sense is that something happened from a morale standpoint over that weekend from Friday when they pulled in to the Monday morning. During my communication with Dr. (b) (6), at no point did I believe they thought there was no help.

My sense with Dr. (b) (6) is that the expectation from him and the ship was that 5,000 individual rooms would be available immediately, which was not possible. So we had multiple conversations about what we could do and that the plan was evolving. We were pursuing different options; Okinawa, hotels. I don't know specifically at what point we would have had the conversation about hotel rooms. We were definitely having conversations about flying people to Okinawa.

I believe, when paired with CO letter, the medical department letter indicated concern by the team over that weekend that things were not moving rapidly enough. However, again the communication between (b) (6), (b) (6) and I did not demonstrate that level of frustration during that brief time period. My sense is that some sort of morale issue occurred during the time between time pulling into port and that Monday morning resulting in the CO and medical letters. Much was being done at C7F and CPF as well to attempt to decompress the ship as soon as possible, which had been our plan since mid-February. We had those CONOPS based on the Diamond Princess, in which even with single-room cabins, the spread continued. It remained our goal to get sailors off ship as soon as possible.

The scenario on an aircraft carrier is worse than that of the Diamond Princess based on berthing and galleys. The thought was, "if the Diamond Prince was X, then an aircraft carrier is X to a higher power transmission." That is why I had actually communicated with a senior official in the cruise ship industry and he confirmed that getting people on land is the absolute priority and not something always available to cruise liners.

It is absolutely desirable to get single rooms with single bathrooms from infections disease standpoint. However, on an island in the Pacific, it is challenging.

My discussion with our COS. Multiple daily conversations as to what is ideal and what is executable at any given time. Okinawa plan would have required testing first, then flights. Guam plan involved testing at least for hotels and quarantine, as well as robust system of twice daily checks.

My sense is that SMO wanted the ideal conditions exclusively. Practically, he understands that's not possible. However it seemed he was very committed to ideal only. I do not know why he clung to ideal. I believe he had the best interest of his crew in mind. I believe his heart is in wanting to take the best care of his crew and get them into quarantine as soon as possible. I do not have any prior relationship with CAPT (b) (6) and our interactions have remained professional

over the last several months. From a medical perspective, CAPTs (b) (6) and Crozier may have been under duress from their conditions.

Regarding the Okinawa plan, I was aware of it, specifically developing the testing portion. My biggest concern was who was going to provide the daily checks on the crew in that setting. Other than that, the entire C7F staff was involved in that planning.

As the Okinawa plan was being developed, we also were aware that due to prior U.S. ships interaction with Guam, Guam may not be supportive about having another ship because of a previous ship that arrived with ILI illness with four total cases of pneumonia, which were not COVID-19. So our relationship with Guam with respect to COVID was complicated. Previously, Sailors had been posting on Facebook unflattering things about Guam and COVID. Because of that, Guam hotels were not going to be straightforward to execute. The Governor of Guam has sacrificed much, helping the U.S. Navy and TR.

It's very easy to look backwards through a lens of what we currently know about COVID-19 and our ultimate executed plan, but it was challenging in real time. I hope this conveys the complexity of the situation.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief. (b) (6)

(Witness' Signature)

(Date)

Time

Name of Interviewer: CAPT (b) (6), USN

From: (b) (6) [CDR USN, CCSG-9](#)
To: (b) (6) [LT USN VCNO \(USA\)](#)
Cc: (b) (6) [CDR USN, CCSG-9](#); [CSG9 BWC](#); (b) (6) [LT USN, CCSG 9](#)
Subject: RE: TR Command Investigation
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**SHIPBOARD QUARANTINE
AND ISOLATION**

NTRP 4-02.10

EDITION SEPTEMBER 2014

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OFFICE OF THE CHIEF OF NAVAL OPERATIONS**

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S. A. STEARNEY
Rear Admiral, United States Navy
Navy Warfare Development Command

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September 2014

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2. Summary:
 - a. NTRP 4-02.10 (SEP 2014), SHIPBOARD QUARANTINE AND ISOLATION, provides guidance for the planning and implementation of effective quarantine and isolation measures to protect the staff and maintain mission readiness on board ships.
 - b. This publication has been updated with current information throughout.
 - c. The intended audience includes commanding officers, executive officers, department heads, and afloat medical personnel. It includes guidance from current doctrine, tactics, techniques, and procedures.

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PREFACE

NTRP 4-02.10, SHIPBOARD QUARANTINE AND ISOLATION (SEP 2014), provides guidance for commanding officers, executive officers, department heads, and afloat medical personnel to plan for and implement effective quarantine and isolation measures to protect the staff and maintain mission readiness. Additional disease mitigation recommendations are made throughout the publication to promote the best currently available management techniques for all infectious disease transmission types.

Unless otherwise stated, masculine nouns and pronouns do not refer exclusively to men.

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The following definitions apply to warnings, cautions, and notes used in this manual:



WARNING

An operating procedure, practice, or condition that may result in injury or death if not carefully observed or followed.



CAUTION

An operating procedure, practice, or condition that may result in damage to equipment if not carefully observed or followed.

Note

An operating procedure, practice, or condition that requires emphasis.

WORDING

Word usage and intended meaning throughout this publication are as follows:

“Shall” indicates the application of a procedure is mandatory.

“Should” indicates the application of a procedure is recommended.

“May” and “need not” indicate the application of a procedure is optional.

“Will” indicates future time. It never indicates any degree of requirement for application of a procedure.

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CHAPTER 1

Introduction to Shipboard Quarantine and Isolation

1.1 PURPOSE

The purpose of this publication is to provide guidance and procedures and support tactical employment related to the need and establishment of isolation and quarantine precautions aboard United States (U.S.) Navy ships while taking into consideration the challenges and constraints encountered aboard ships at sea. Quarantine and isolation are techniques used to impede the spread of a disease or to protect a person from becoming infected. The objective of this publication is to provide techniques and tactics that support disease prevention, mitigation, and containment of an outbreak of an infectious disease.

1.2 SCOPE

This publication focuses primarily on providing essential infectious disease prevention and containment information, tactics and techniques that enable proactive and vigilant disease surveillance and prevention practices, as well as enabling rapid and effective use of disease containment within the constraints posed by the ships' unique class architecture, infrastructure, resources, and location.

1.3 INTENDED USERS

Intended users include the ship's commanding officer, executive officer, chief engineers, operations officers, supply officers, senior medical officers, and shipboard independent duty corpsman (IDC), and anyone requiring guidance related to infectious disease control and containment.

1.4 SHIPBOARD QUARANTINE AND ISOLATION DEFINITION

In the context of this publication, the term shipboard quarantine and isolation (SQI) refers to the use of disease containment techniques on U.S. Navy ships. The purpose of using quarantine and isolation precautions, and other restriction of movement techniques, is to limit or stop the spread of disease. This publication will address the types of precautions that can necessitate quarantine and isolation of persons and takes into consideration the challenges and constraints implementing quarantine and isolation processes aboard U.S. Navy ships.

1.5 SHIPBOARD QUARANTINE AND ISOLATION FUNDAMENTAL PRINCIPLES

The potential for any infectious disease (ID) to become epidemic in a shipboard environment makes it critical to develop protocols for containment of ID in cases where crew members or shipboard visitors are suspected or identified as infected. Military members present an increased risk of infection as they often operate in areas of the world where there is a high prevalence of ID. Also, close working and living quarters in military and shipboard environments demand vigilant public health measures to prevent the acquisition and spread of ID. Prevention, early detection and respiratory isolation of infected persons can significantly reduce the chance that infection will spread to others,¹ thereby limiting impact on operational readiness.

¹ Garner, J. S., Guideline for Isolation Precautions in Hospitals, The Hospital Infection Control Practices Advisory Committee, JSTOR, Chicago Journals, Infection Control and Hospital Epidemiology (1996): 17(1): 53–80.

1.6 SHIPBOARD QUARANTINE AND ISOLATION OBJECTIVES

The objectives of SQI are to:

1. Provide infection control recommendations for U.S. Navy ships.
2. Reaffirm standard precautions as the foundation for preventing disease transmission aboard ships.
3. Reaffirm the importance of implementing transmission-based precautions developed to target an infectious disease and prevent, mitigate and/or control its spread.
4. Provide epidemiologically sound and, whenever possible, evidence-based management recommendations.
5. Provide relevant historical and instructional information and guidance in a readily accessible and actionable format to assist the shipboard staff in making decisions.

1.7 DEFINITIONS OF QUARANTINE AND ISOLATION (NAVY TACTICAL TASK 4.12)

Quarantine is defined as the separation of an individual or group that has been exposed to a communicable disease, but is not yet ill, from others who have not been so exposed, in such manner and place to prevent the possible spread of the communicable disease. (Department of Defense Directive (DODD) 6200.3)

Isolation is used to separate ill persons who have a communicable disease from those who are healthy. The correct use of quarantine and isolation is dictated by the type of clinical management precaution indicated relative to the suspected disease or condition in question.

1.8 HISTORICAL BACKGROUND OF THE SHIPBOARD QUARANTINE AND ISOLATION PROGRAM

The SQI Program emanates from work conducted in 2006 by Third Fleet, in collaboration with Naval Health Research Center (NHRC) and subject matter experts (SME) in response to the potential for exposure of the crew to a disease, such as severe acute respiratory syndrome (SARS) and Avian Influenza, both potentially airborne viruses and highly virulent diseases. Convening over a period of a year, this group produced an evidence-based technical report reflecting the range of experimentation conducted and the lessons learned.²

The final 2006 analysis for inherent shipboard capabilities reflected an adequate ability to provide contact and droplet isolation precautions. However, no generic capability exists to establish shipboard quarantine or isolation spaces suitable for the containment of airborne transmitted contagion without specialized equipment. During the July 2006 Tiger Cruise aboard the USS *Ronald Reagan* (CVN 76), a single case of pulmonary tuberculosis (TB) occurred. The post event analysis study conducted by members from the U.S. Public Health Service (USPHS) noted that the persons who became Tuberculin Skin Test (TST) converters were more likely related to their proximity to the air vents exhaust in the berthing space and the direction of air flow than to the direct contact with the index patient. This incident illustrates why further study is warranted regarding the use and manipulation of high-flow ventilation aboard ships, and its effect on disease transmission.³

From 2010 to 2011, the SQI process was again evaluated, this time by the Joint Program Evaluation Office (JPEO) Chemical, Biological, Radiological, and Nuclear (CBRN) Combat Developer for Experimentation; Joint Experimentation and Analysis Division (JPEO, CBRN). The goal of the JPEO, CBRN team was to examine the need and feasibility of a tri-Service, multiplatform establishment of quarantine and isolation (contact and airborne) capability and requirements. Their final determination (JPEO, CBRN, 2011, Shipboard Isolation and

² Naval Health Research Center Document No. 10-13, Final Analysis Report: Shipboard Isolation and Quarantine Program (SIQ-P) Aboard Aircraft Carriers, (2010).

³ Buff, A., Tuberculosis Aboard U.S. Navy Ships: A Presentation aboard the USS *Kearsarge* (2008), United States Public Health Service (USPHS) Centers for Disease Control and Prevention (CDC) (2006).

Quarantine Concept Experiment Final Report) indicated that establishing quarantine and isolation capabilities for Navy ships and deployable medical treatment facilities was a viable and needed option. Furthermore, “the current asymmetric threat environment and the demonstrated ability of non-state actors to attack U.S. forces with biological agents reinforce(s) the desirability of having isolation capabilities within our forces to mitigate the spread of infectious disease, maintain mission/war fighting capability etc.” Navy Tactical Reference Publication 4-02.10 will address and identify effective means of impeding the acquisition and spread of contagious diseases as well as indications for quarantine and isolation.

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CHAPTER 2

General Afloat Biodefense Techniques

2.1 GENERAL PRINCIPLES OF COMMUNICABLE DISEASE

One of the most basic tenets for understanding how to combat a communicable disease is to understand how it spreads or is transmitted. Transmission of infectious agents within a shipboard setting requires three elements: a source (or reservoir) of infecting micro-organisms, a susceptible host with a portal or means of entry receptive to the agent (such as an opening in the skin, or a lowered level of immunity), and a mode of transmission for the agent. This chapter describes the interrelationship of these elements in the epidemiology of shipboard infection.¹

2.2 SOURCES OF INFECTIOUS AGENTS

Infectious agents transmitted aboard a Navy ship are derived primarily from human sources (figure 2-1). Human reservoirs include military Service members, civilian employees, contractors, family members, and foreign nationals. Individuals who have active infections, may be in the asymptomatic and/or incubation period of an infectious disease, or may be transiently or chronically colonized with pathogenic micro-organisms, particularly in the respiratory and gastrointestinal tracts (figure 2-2). These individuals, although they may feel fine, can in fact be spreading an infection. Until a case is reported and the nature of the infection classified, Service members remain at a risk of exposure and commands are reliant on general preventative measures to minimize potential impacts. After an infection is identified, it is important to adhere to the recommended sequester time as a member could still be contagious despite appearing healthy.

Infection is the result of a complex interrelationship between a potential host (individual) and an infectious agent. Most of the factors that influence infection, its occurrence and severity, are related to host-agent (person to organism) interaction. This interaction is a composite of the relationships among the disease agent's pathogenicity, virulence and antigenicity, infectious dose, as well as the mechanisms of disease production and route of exposure. There is a spectrum of possible outcomes following exposure to an infectious agent. Some persons exposed to pathogenic micro-organisms never develop symptomatic disease (they are exposed and don't get sick) while others become severely ill and even die. Some individuals are prone to becoming transiently or permanently colonized, but remain asymptomatic; in other words, they can be "carriers" of a disease, infecting others, yet not feel sick. Still others progress from colonization to symptomatic disease either immediately following exposure, or after a period of asymptomatic (no symptoms or a period of feeling fine) colonization. The immune state of the host at the time of exposure to an infectious agent, the interaction between pathogens, and virulence factors intrinsic to the agent (how powerful the disease is) are important predictors of an individual's outcome.

¹ Siegel, J. D., E. Rhinehart, et al; American Journal of Infection Control 2007/12/11; 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings (December 2007). Retrieved 10 Suppl 2, 35, from <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>.

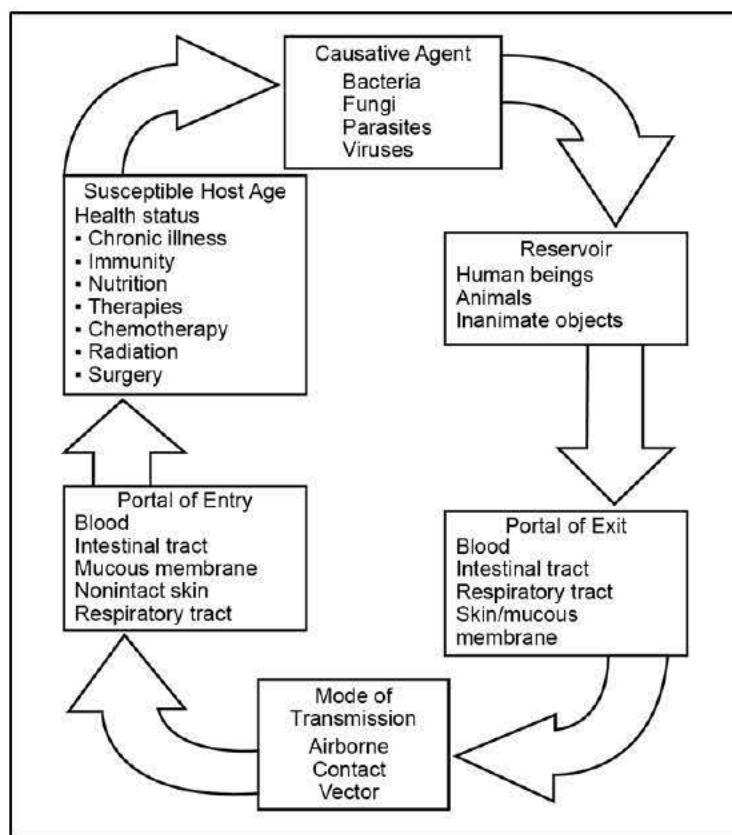
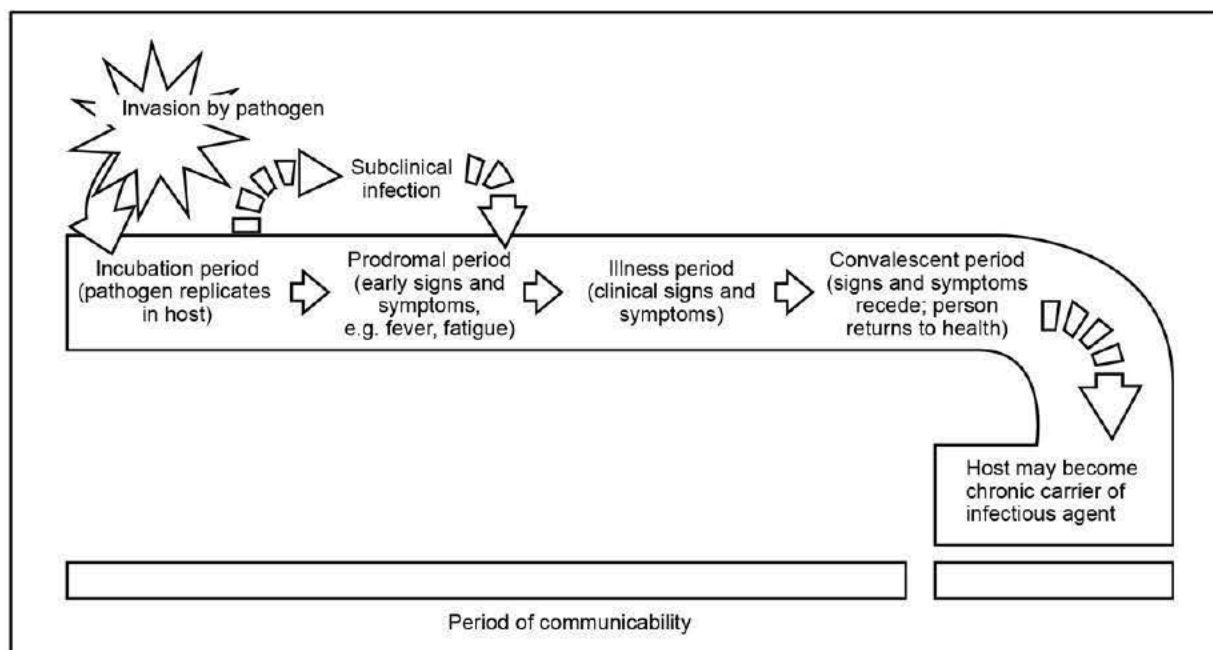


Figure 2-1. Chain of Infection

Figure 2-2. Stages of Infection: Each Stage Varies with Different Pathogens and Different Diseases²

² Miller-Keane, B. F. Miller, et al; Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, 7th Edition, (Elsevier Health Sciences, 2005).

2.3 MODES OF DISEASE TRANSMISSION

Micro-organisms are transmitted by several routes, and the same micro-organism may be transmitted by more than one route. There are five main routes of transmission—contact, droplet, airborne, common vehicle, and vector-borne:³

1. **Contact transmission.** Contact transmission is the most important and frequent mode of transmission of preventable infections. It is divided into two subgroups: direct-contact transmission and indirect-contact transmission:
 - a. **Direct-contact transmission** occurs when there is physical contact between an infected or colonized person and a susceptible host, such as when one person touches another during a handshake. Direct-contact transmission also can occur between individuals living in close contact such as berthing spaces, with one serving as the source of the infectious micro-organisms and the other as a susceptible host.³
 - b. **Indirect-contact transmission** involves contact of a susceptible host with a contaminated intermediate object or surface called a fomite. Frequent touch surfaces (fomites) include: dishes, door handles, handrails, hatch levers, telephones, computer keyboards, or office supplies. Indirect-contact transmission has the potential to infect a greater number of personnel due to the close confines of ships and their routine underway operations.
2. **Droplet transmission.** Droplets of moisture are generated and expelled from the source person primarily during coughing, sneezing, and talking. Transmission occurs when droplets containing micro-organisms generated from the infected person are propelled a short distance (3 feet or less) through the air and deposited on another susceptible person or on inanimate objects such as a phone receivers, table tops, hand rails, or keyboards. Droplet transmission must not be confused with airborne transmission. The difference between a true droplet transmission and airborne transmission is that droplets are relatively large and, due to their weight and size; they do not tend to stay suspended in the air, nor are they carried on dust particles (see figure 2-3). Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission.³ However, when the presenting disease is unable to be identified, the best course of action when at sea is to presume that the presenting disease is one needing airborne precautions until demonstrated otherwise by laboratory determination. Therefore, respond in an aggressive manner and use all the precautions that would be available for mitigating the spread of airborne diseases until it has been determined this is no longer necessary.



Figure 2-3. Respiratory Droplets Expelled from the Mouth

³ Garner, J. S., Guideline for Isolation Precautions in Hospitals, The Hospital Infection Control Practices Advisory Committee, JSTOR, Chicago Journals, Infection Control and Hospital Epidemiology (1996): 17(1): 53–80.

3. Airborne transmission. Airborne transmission occurs by the spread of either airborne droplet nuclei (a much smaller-particle residue of a droplet) or through the spread of small microparticles of evaporated droplets that contain micro-organisms and can remain suspended in the air for long periods of time, or from dust particles containing the infectious agent. Micro-organisms carried in this manner can be dispersed widely by air currents and may become inhaled by a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation equipment are required to prevent airborne transmission.⁴
4. Common vehicle transmission occurs when micro-organisms are transmitted to a person by contaminated items such as food, water, medications, devices, and equipment.⁴ Examples of common vehicle transmission are: cholera, food poisoning, and botulism.
5. Vector-borne transmission occurs when mosquitoes, flies, rats, and other vermin transmit micro-organisms. This route of transmission is of significance to military personnel who travel to remote regions of the world, and sites of manmade or natural disasters. One commonly known example is malaria, which is spread by the bite of female mosquitoes infected with the protozoan *Plasmodium*. Vector exposure must be aggressively managed (prophylaxis) or eliminated to stop disease spread. In the case of malaria, for example, the patient can be very sick, but not contagious. Therefore, after the acute phase of the disease, this person need not be excluded from work.

2.4 STANDARD AND TRANSMISSION BASED DISEASE PRECAUTIONS

There are two tiers of Centers for Disease Control and Prevention (CDC) precautions to prevent transmission of infectious agents, standard precautions and transmission-based precautions.

Standard precautions are intended to be applied to the care of all patients in all health care settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of standard precautions constitutes the primary strategy for the prevention of health care-associated transmission of infectious agents among patients and health care personnel.

Transmission-based precautions are for patients who are known or suspected to be infected with a pathogen which requires additional control measures to effectively prevent transmission. Since the infecting agent often is not known during the presentation of initial symptoms, transmission-based precautions are used. The precautions can then be modified when the pathogen is identified or a transmissible infectious cause is ruled out.⁵

2.5 STANDARD PRECAUTIONS

Standard precautions combine the major features of universal precautions (UP) and body substance isolation (BSI) and are based on the principle that all blood, body fluids, secretions, non-intact skin, mucous membranes, body excretions, and moist body substances—except sweat—may contain transmissible infectious agents.

Standard precautions includes a group of infection prevention practices that apply to all persons, or where close personal contact with a person is made (see figure 2-4). These practices include: hand hygiene—both before and after personal contact—and the use of gloves. The use of cover gowns, a mask, eye protection, or face shield, depending on the anticipated exposure, may also be used depending on the likelihood of contact or exposure. Also, equipment or items in a person's environment that were likely contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. The application of standard precautions is determined by the nature of direct and or indirect contact with a person's body, their fluids, and or mucous membranes (like their mouth or nose). For some interactions (e.g., physically assisting a patient aboard ship), only gloves may be needed; during other interactions use of gloves, gown, and face shield or mask and eye protection may be necessary. A common situation encountered by Navy ships involves the potential for escorting or transporting a person aboard ship with respiratory symptoms of unknown cause. Without proper shore screening

⁴ Garner, pp. 53–80.

⁵ Siegel, p. 35.

to rule out a disease such as TB, it is wise to place a surgical type mask on this person as part of observing standard precautions. Education and training should be conducted by the medical department on the principles and rationale for recommended practices of standard precautions. This will help facilitate appropriate decision-making and promote adherence when faced with new circumstances.

2.5.1 Respiratory Hygiene/Cough Etiquette

The transmission of severe acute respiratory syndrome (SARS) to people who were waiting in a hospital Emergency Department (ED) reception areas during the widespread SARS outbreaks in 2003 highlighted the need for vigilance and prompt implementation of infection control measures at the first point of encounter. Aboard ship, this could be anywhere people congregate such as near sick bay or dental, galleys, ship's store, berthing areas or the first point of encounter where people embark aboard the ship. A new strategy was developed after 2003, incorporating lessons learned out of the SARS outbreak. This new strategy is called Respiratory Hygiene/Cough Etiquette and is intended to be incorporated into infection control practices as a new component of standard precautions. This strategy is targeted at preventing the spread of a virus from persons with a transmissible respiratory infection, with signs of illness including cough, congestion, and runny nose. Covering sneezes and coughs and placing masks on coughing persons are proven means of source containment that prevent infected persons from dispersing respiratory secretions into the air.

Component	Recommendations
Hand hygiene	After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.
Personal protective equipment	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin
Gown	During procedures and patient-care activities when contact of clothing/exposed skin with bloody/body fluids, secretions, and excretions is anticipated.
Mask, eye protection (goggles), face shield	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation.
Soiled patient-care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.
Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment
Needles and sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture resistant container
Patient resuscitation	Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions
Patient placement	Prioritize for single-patient room if patient is at risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.
Respiratory hygiene cough etiquette	Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, more than 3 feet if possible.

Figure 2-4. Recommendations for Standard Precautions Aboard Navy Ships

The crew should practice respiratory hygiene/cough etiquette at all times as part of a comprehensive vigilant strategy to minimize spread of any possible respiratory infection that may circulate within the ship and as a means to maintain the health and safety of the crew. The elements of respiratory hygiene/cough etiquette include (see appendix E):

1. Education of shipboard personnel.
2. Post signs and brochures throughout the ship regarding proper respiratory hygiene/cough etiquette.
3. Source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues; using and maintaining clean, dry, surgical masks on the coughing person when tolerated and appropriate).
4. Hand hygiene after contact with respiratory secretions (see 2.5.2 for detailed information).
5. When a significant number of persons aboard ship manifest respiratory symptoms, the use of social distancing/spatial separation precautions should be initiated. If respiratory infection is appearing in a “cluster” or emerging across the ship, the use of social distancing techniques is appropriate (see 2.7).

Note

Hand washing, personal hygiene, environmental sanitation, respiratory etiquette, and social distancing are sometimes referred to in the literature as non-pharmaceutical interventions to mitigate disease spread.

2.5.2 Hand Washing

Although the following information is very rudimentary, it is also simply essential for all members of the crew, and people in general to practice good hand washing technique every day, everywhere. It is however, important for the command to remind and re-emphasize the importance of using good hand washing techniques, especially when combating disease spread and self-protection.

Hands should be washed at the following times:

1. Before, during, and after preparing food
2. Before eating food
3. Before and after caring for someone who is sick
4. Before and after treating a cut or wound
5. After using the toilet
6. After changing diapers or cleaning up a child who has used the toilet
7. After blowing your nose, coughing, or sneezing
8. After touching an animal, animal feed, or animal waste
9. After touching garbage
10. Before and after tobacco use—including dipping/chewing tobacco.

Below describes the recommended procedures for hand washing:

1. Wet hands with clean running water (warm or cold) and apply soap.
2. Rub hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing hands for at least 20 seconds. Rinse your hands well under running water.
4. Dry hands using a clean towel or air dry.

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs.

Hand sanitizers are not effective when hands are visibly dirty. It is no longer uncommon for hand sanitizers to be dispensed onto the hands of crew as they arrive in the mess areas. Although proactive, persons with visibly dirty hands should be pulled from the line and instructed to return after they have properly washed their hands.

Hand sanitizers should be used as follows:

1. Apply the product to the palm of one hand.
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until your hands are dry.

Note

In a 2001 study conducted by Ryan, Christian, and Wohlrabe of military recruits based in San Diego, California, it was noted that there had been a 45 percent reduction in total recruit outpatient visits for respiratory illness after the implementation of a hand washing program.⁶

2.6 TRANSMISSION-BASED DISEASE PRECAUTIONS

There are three categories of transmission-based precautions: contact precautions, droplet precautions, and airborne precautions. Transmission-based precautions are used when the route(s) of transmission is (are) not completely interrupted using standard precautions alone. For some diseases that have multiple routes of transmission (e.g., SARS, influenza), more than one transmission-based precaution category may be used. When used either singly or in combination, they are always used in addition to standard precautions.⁷

2.6.1 Contact Precautions

Contact precautions are intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the infected person or that person's environment. Contact precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. Contact precautions include elements of standard precautions plus some degree of patient isolation. Medical department personnel caring for patients that require contact precautions should wear a gown and gloves (and potentially masks, face shields,

⁶ Ryan, M. A. K., R. S. Christian, et al, Handwashing and Respiratory Illness Among Young Adults in Military Training, American Journal of Preventive Medicine (2001): 21(2): 79–83.

⁷ Siegel, p. 35.

booties, and cap) for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the patient's room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., *Vancomycin-resistant Enterococci*, *C. difficile*, noroviruses and other intestinal tract pathogens; and respiratory syncytial virus).⁸

In addition to standard precautions, use contact precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with micro-organisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment. Observe the following:

1. **Patient Placement.** Place the patient in a private room if possible. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same micro-organism, but with no other infectious grouping. When a private room is not available and grouping is not achievable, consider the epidemiology of the micro-organism and the patient population when determining patient placement. In multi-patient rooms, more than 3 feet spatial separation between racks is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients. Aboard ship, this may require using a staggered assignment of bunks or segregated berthing arrangements. Another consideration will impact ships that have medical ward spaces. Avoid co-locating a patient needing contact isolation care within the medical department. This recommendation was formulated to limit cross-contamination to other patients. If spatially close to other ill, injured or surgical patients, cross-contamination can more easily occur if they share a patient care provider who may fail to wash hands, change gloves, etc., between patients. Direct patient care providers should not be cross-assigned to a contact isolation patient and a fresh post-operative patient. Determining patient location can be aided by consultation with the ship's medical representative (IDC, SMO, PMT), applicable type commander and/or numbered fleet surgeon, or utilize regional Navy preventative medicine unit subject matter experts (preventative medicine officer, environmental health officer).
2. **Gloves and Hand Washing.** In addition to wearing gloves as outlined under standard precautions, wear gloves (clean, non-sterile gloves are adequate) when entering the contaminated berthing area. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of micro-organisms (fecal material and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with warm soap and water, an antimicrobial agent, or use a waterless antiseptic hand-cleaning agent. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated surfaces or items in the patient's room to avoid transfer of micro-organisms to other patients or other areas within the skin of the ship.
3. **Gown.** In addition to wearing a gown as outlined under standard precautions, wear a gown (a clean, non-sterile gown is adequate) when entering the contaminated berthing area. If you anticipate that your clothing will have substantial contact with the patient, potentially contaminated surfaces, or items in the berthing area where the patient is being treated, or if the patient is incontinent or has diarrhea or wound drainage not contained by a dressing it is imperative you wear a cover gown. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of micro-organisms to other patients or environments. Training and demonstrated competence donning and doffing protective gown and gloves prior to any patient encounter is essential.
4. **Patient Transport.** Limit the movement and transport of the patient from their room/berthing space for essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of micro-organisms to other personnel or the contamination of environmental surfaces or equipment. Therefore, if the patient has draining skin wounds, they should be covered to both absorb drainage and limit contamination of linens, clothes, and equipment in addition to

⁸ Siegel, p. 35.

items in their direct contact. Cover the transported patient with a clean sheet so nothing and no one is in direct contact with the patient's skin. Of course, gloves are to be worn by the transport and care teams. For respiratory symptoms like coughing, sneezing, or runny nose, have the patient wear a clean dry surgical type mask (or N95 respirators as a last resort) when transported or escorted through the ship. Isolation and quarantine patients should not be allowed freedom to transit from one place to another without an escort. Past experience has shown that it is not uncommon for quarantine and isolation patients to attempt to wander off, especially if they don't feel ill. This can potentially be a significant breach to the protection provided by the use of quarantine and isolation. In cases of possible suspected airborne communicability, a security detail around the quarantine and isolation space will be needed to limit unauthorized foot traffic, to reassure the patients that they are not being abandoned and ultimately to assure that patients remain in their designated berthing space and designated head.

5. Patient Care Equipment. Dedicate the use of noncritical patient care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use on another patient.⁹

2.6.2 Diseases Commonly Requiring Contact Isolation (Navy Tactical Task 4.12.1)

Contact isolation is intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the infected individual or the individual's environment. Contact precautions apply to individuals infected or colonized with drug resistant organisms and patients with excessive wound drainage, fecal incontinence, or other discharges from the body resulting in an increased potential for environmental contamination and transmission risk.

In addition to standard precautions, use contact precautions¹⁰ for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the environment. Examples of such illnesses include:

1. Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria
2. Enteric infections with a low infectious dose or prolonged environmental survival, including: *Clostridium difficile*, enterohemorrhagic *Escherichia coli* O157:H7, Shigella, hepatitis A, or rotavirus
3. Respiratory or para-influenza virus, and infectious diarrhea
4. Skin infections that are highly contagious or that may occur on dry skin, including: diphtheria (cutaneous), impetigo, major (noncontained) abscesses, cellulitis (caused by bed sores), pediculosis (body lice), scabies (itch mite), staphylococcal furunculosis in infants and young children, and chicken pox
5. Viral/hemorrhagic conjunctivitis (pink eye)
6. Viral hemorrhagic infections (Ebola, Lassa, or Marburg).⁹

An Example of a Common Problem: Norovirus (Norwalk Virus)

Noroviruses are very contagious and are the most common cause of gastroenteritis in the United States. Symptoms include diarrhea, vomiting, nausea, and stomach cramping. Other, less common symptoms may include low-grade fever, chills, headache, muscle aches, and general sense of fatigue. The norovirus can spread quickly from person to person in crowded, closed places like ships both military and commercial, barracks, schools, and hotels. Noroviruses can also be a major cause of gastroenteritis in restaurants and catered-meal

⁹ Garner, pp. 53–80.

¹⁰ Joint Chemical, Biological, Radiological, and Nuclear (CBRN) Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G25–G52.

settings if contaminated food is served. Caution should be exercised when ship's crew may be exposed to food sources and services with questionable sanitation, such as when on liberty or leave and eating locally available food and drink. As an additional preventive strategy, no bare-hand contact with ready-to-eat foods (foods edible without washing, cooking, or additional preparation to achieve food safety) is recommended (NAVMED P-1050). The symptoms start one to two days post-ingestion of the contaminated food or contact with contaminated objects/material. That means the first signs and symptoms of a norovirus outbreak can be when the ship has been out to sea a couple of days. The viruses are found in the vomit and stool of infected people and can be transmitted by:

1. Eating food or drinking liquids that are contaminated with norovirus (someone gets stool or vomit on their hands, then touches food or drink). Emphasis should be placed on hand washing with soap and warm water rather than alcohol hand rub since norovirus is a particularly hardy virus.
2. Touching surfaces or objects contaminated with norovirus and then putting your hand or fingers in your mouth. Directives and reminders to refrain from handling/touching one's face, eyes, nose, and putting fingers in mouth should be maintained.
3. Having direct contact with a person who is infected with norovirus (for example, sharing foods or eating utensils). People with norovirus illness are contagious before they begin to feel sick until at least 3 days after they recover. Some people may be contagious for up to two weeks after they no longer feel ill.
4. Having contact with infected body fluids or substances like vomit or stool. Norovirus can even be transmitted by the act of vomiting. The vomit can produce aerosolized (suspended in air) infectious viral particles that when projected into the air can be inhaled or swallowed by other people or deposited on surfaces in the environment within close proximity to the patient. Hence the need for vigilant hand washing, personal hygiene and uniform cleanliness in addition to vigorous cleaning of everything that can come into contact with the infectious matter. Consequently, the use of both contact precautions in addition to droplet precautions is warranted (see 2.6.3).

2.6.3 Droplet Precautions

Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances, special air handling and ventilation are not required to prevent droplet transmission.

In addition to standard precautions, use droplet precautions, or the equivalent for a patient known or suspected to be infected with micro-organisms transmitted by droplets (large-particle droplets (larger than 5 μ in size) that can be generated by the patient during coughing, sneezing, talking, vomiting, or the performance of procedures).

1. Patient Placement. Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same micro-organism, but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3 feet between the infected patient and other patients and visitors. Spatial separation of 3 or more feet and drawing the clean curtain between patient beds is especially important for patients in multi-bed spaces with infections transmitted by the droplet route. Special air handling and ventilation equipment are not necessary, and the door may remain open.
2. Mask. In addition to standard precautions, wear a mask when working within 3 feet of the patient. Personnel not infected should wear a mask (a respirator is not necessary) during close contact with the infectious patient; the mask is generally donned just prior to room entry. If patients on droplet precautions must be transported outside of the room, a mask should be worn by the patient and respiratory hygiene/cough etiquette followed.¹¹

¹¹ Siegel, p. 35.

3. Patient transport. Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible.
4. Wear a gown if in direct contact or within 3 feet of the patient.¹²

2.6.4 Diseases Commonly Requiring Droplet Isolation (Navy Tactical Task 4.12.1)

In addition to standard precautions, use droplet precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

1. Invasive *Haemophilus influenzae* type B disease, including meningitis, pneumonia, epiglottitis, and sepsis
2. Diphtheria (pharyngeal)
3. *Mycoplasma pneumoniae*
4. Pertussis
5. Pneumonic plague
6. Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children.

Serious viral infections spread by droplet transmission, include:

1. Adenovirus
2. Influenza
3. Mumps
4. German Measles
5. Rubeola.¹²

Note

The diseases above may be encountered during the course of noncombatant evacuation operation (NEO) and humanitarian assistance and disaster response (HA/DR) operations.

2.6.5 Airborne Precautions

Airborne precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air. The patient should wear and maintain a clean, dry surgical mask and be placed in a private room with the door closed. Health care personnel should be provided N95 or higher level respirators or masks if respirators are not available to reduce the likelihood of airborne transmission.¹² It is recognized that space is at a premium aboard ship. Location of the isolation room is also important in that the room or space needs an adjacent bathroom secured just for the patient's use. Traffic around the room should be very limited. Whatever space is selected, it must be conducive to recovery and limiting contaminated air exposure to shipmates.

¹² Garner, pp. 53–80.

The preferred placement for patients who require airborne infection isolation precautions is in an airborne infection isolation (AII) room. Formerly called negative pressure isolation room, an AII room is a single occupancy patient care room used to isolate a person with suspected or confirmed infectious diseases like tuberculosis. An anteroom (small area incorporated into isolation room design that includes air and room access controls) enables the safe entry to the AII room and the donning, doffing, and disposal of PPE. Environmental factors are controlled in AII rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids.

Note

There is no organic capability to support airborne isolation and quarantine precautions on U.S. Navy ships to date except for hospital ships.

Navy ships do not possess rooms that accommodate air cleaning, reliable negative pressure, and patient access; therefore, there is a safety gap related to the inability to provide airborne isolation precautions. If there is a necessity to cohort persons who are symptomatic with the same illness, the use of bed sheets draped over the bunks without curtains, can act as a curtain that will deflect direct droplet spread to those immediately surrounding the coughing person. Consequently, the “curtains” will need to be laundered. These measures do not contain the air, so protective measures are refocused on staff self-protection to enable them to avoid cross-contamination while supporting the care of the patient. The patient should wear a clean, dry surgical mask while in the room. As moisture builds on the mask, he/she will be instructed or assisted in changing the mask and replacing the moist mask with another clean dry mask as tolerated. Staff members who enter into the room will maintain the door in the closed position from entry to exit. They will wear a well-fitted and maintained N95 mask, gown, gloves, head cover and booties. Appendix F depicts donning procedures for properly worn PPE. The staff member will follow all procedures for correct donning and doffing of the PPE, and it is not to be re-used.¹³ The staff member will observe strict hand washing technique, standard and contact precautions. If possible stay 3 feet or more from the patient for routine communication and observation. Direct care will necessitate close direct contact. Entry and exit from the “dirty” room air should be limited so care must be well planned and organized. Patient equipment stays in the room until disinfected. The patient must be able to be clinically monitored for their physical and emotional needs. Isolation can be frightening for some, and can create behavior and or security problems. It is essential, however, that the shipboard patient that would ordinarily be in airborne isolation (i.e., the “sick room”) comply with the need to wear a clean dry mask, if tolerated. The door/hatch needs to remain closed and the patient must not leave the room unattended, and only when absolutely necessary. Security will likely be needed to restrict traffic flow around patient’s room and the head to those persons who must attend the needs of the patient and they follow prescribed PPE requirements. The patient must never be allowed to wander or roam the ship. These needs must be anticipated.

It is important to have a dedicated pool of workers identified and made ready to assist the medical personnel in patient care activities such as nutrition and hygiene support if needed. These helpers should not be rotated into the non-infected ship’s work plan until the epidemic is over (to limit any latent cross contamination). If it is necessary to utilize non-medical health care personnel (HCP) to assist with patient observation and activities of daily living (eating, hygiene, comfort, and security needs), the responsibility and accountability for patient assessment, administration of medications or other medical procedures must be performed by a medical person (corpsman, nurse, or physician). All HCP must be trained, or must review the PPE use process.¹⁴ Persons that will come in contact with the patient must perform correctly the donning and doffing of PPE prior to their first entry into the contact, droplet, or airborne precaution areas (both quarantine and isolation) as the level of caution is identical for both quarantine and isolation. The vigilant use of correct procedure for hand washing and PPE use are the cardinal protections from disease spread in an immunized population.

¹³ Joint CBRN Combat Developer for Experimentation, pp. G6–G14.

¹⁴ Jensen, P. A.; Centers for Disease Control and Prevention et al, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings, 2005, Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, 2005.

In addition to standard precautions, use airborne precautions for patients known or suspected to be infected with micro-organisms transmitted by airborne droplet nuclei (small-particle residue, 5 microns or smaller in size, of evaporated droplets containing micro-organisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance). Observe the following:

1. **Patient Placement.** Place the patient in a private room. Keep the room door closed and the patient in the room. When a private room is not available, place the patient in a room with a person who has active infection with the same micro-organism, unless otherwise recommended, but with no other infection. When a private room is not available and cohorting is not desirable, consultation with infection control professionals (e.g., the ship's SMO, EHO, or PMT) is advised before patient placement when possible.
2. **Respiratory Protection.** Wear respiratory protection when entering the room of a patient with known or suspected infectious pulmonary tuberculosis. Susceptible persons should not enter the room of patients known or suspected to have measles or (rubeola) or varicella (chickenpox) if other immune caregivers are available. If susceptible persons must enter the room of a patient known or suspected to have measles (rubeola) or varicella, they should wear respiratory protection (N95). Persons immune to measles (rubeola) or varicella need not wear respiratory protection.
3. **Wear gown, gloves, mask (N-95 or higher), booties, and head cover.** Training and demonstrated competency for donning and doffing PPE is essential prior to first patient contact.
4. **Patient transport.** Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient. Cover patient with clean top sheet just prior to leaving the sick room.
5. **For additional precautions for preventing transmission of tuberculosis consult CDC "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings."**¹⁵

2.6.6 Diseases Commonly Requiring Airborne Isolation (Navy Tactical Task 4.12.1)

In addition to standard precautions, use airborne precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:

1. Measles (rubeola virus)
2. Chickenpox (varicella including disseminated zoster)
3. Tuberculosis
4. Possibly SARS-coronavirus (SARS-CoV).¹⁶

2.6.7 Empiric Use of Airborne, Droplet or Contact Precautions

In many instances, the risk of shipboard transmission of infection may be highest before a definitive diagnosis can be made. Do not delay the initiation of precautions that include standard precautions, social distancing, disinfection and hygiene practices as well as respiratory etiquette for diagnostic confirmation. Definitive diagnosis of many infections requires laboratory confirmation. Since laboratory tests, especially those that depend on culture techniques, often require two or more days for completion, transmission-based precautions must be implemented while test results are pending based on the clinical presentation and likely pathogens. Use of appropriate transmission-based precautions at the time a patient develops symptoms or signs of transmissible infection, or upon sick call arrival, reduces transmission opportunities. While it is not possible to identify

¹⁵ Jensen, P. A.; Centers for Disease Control and Prevention et al, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings, 2005, Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, 2005.

¹⁶ Garner, pp. 53–80.

prospectively all patients needing transmission-based precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant their use empirically while confirmatory tests are pending.¹⁷ Under conditions where it is unknown if transmission of an infectious agent occurs by airborne versus droplet route, one should err on the side of caution and utilize the more restrictive airborne precautions until the need to do so is ruled out based upon a definitive diagnosis. The need to act rather than wait for diagnostic confirmation is especially important aboard ships that will require lab samples to be sent off ship for testing, thereby further extending the turn-around time to definitive results.

2.7 USE OF AFLOAT SOCIAL DISTANCING TECHNIQUES TO REDUCE DISEASE TRANSMISSION

Social distancing is a series of activities designed to reduce transmission of a communicable disease, such as: avoiding hand-shaking, canceling activities, implementing teleworking policies, etc. Social distancing minimizes close contact among persons onboard Navy ships and can help Sailors and Marines avoid contracting infections at work—for example during flu season and at other times when there's an increased risk of contagious illnesses spreading.

Commanders should consider closing any recreational areas aboard ship where the crew may gather during an outbreak of disease. If enclosed spaces cannot be avoided, then at least 3 to 6 feet should be provided between individuals. Ceremonial formations, quarters, and musters should be limited or not held when an outbreak occurs aboard ship. Required formations, such as training and drills should be limited. Teleconferencing should be employed whenever possible in preference to face-to-face meetings and nonessential meetings canceled. Use of e-mail, telephone calls, and video conferencing is recommended and the sharing of equipment should be avoided whenever possible. Items, such as phones, headsets, and keyboards are difficult to clean and often host germs. Reschedule the work practices to facilitate social distancing, while maintaining operational effectiveness. If vacant berthing spaces permit, bed space assignments aboard ship should be made to place people as widely spaced as possible and head-to-toe sleeping positions should be adopted. Hanging bed sheets over the bunks or using the privacy curtains helps to impede the droplet spatter to nearby persons.

¹⁷ Garner, pp. 53–80.

CHAPTER 3

Shipboard Sanitation Management

3.1 SANITATION MANAGEMENT (NAVY TACTICAL TASK 4.12)

Cleaning and disinfecting surfaces aboard ship is an essential part of standard precautions. In general, these procedures do not need to be changed for transmission-based precautions. The cleaning and disinfection of all shipboard areas is important for frequently touched surfaces, especially those closest to the galley, berthing, and sick call areas. Areas that are most likely to be contaminated are ladder wells and hand-rails, bedrails, bedside tables, commodes, doorknobs, sinks, surfaces, and equipment in close proximity to the sick person. The frequency or intensity of cleaning may need to change based on the sick person's level of hygiene, the degree of environmental contamination, and if the infectious agent's reservoir is the intestinal tract. Also, increased frequency of cleaning may be needed in a protective environment to minimize dust accumulation disease spread. Administrative staffing and scheduling activities should prioritize the proper cleaning and disinfection of surfaces that could be implicated in transmission. During a suspected or proven outbreak where an environmental reservoir is suspected, routine cleaning procedures should be reviewed. Adherence should be monitored and reinforced to ensure consistent and correct cleaning is performed.¹

Note

Department Heads and shipboard medical personnel must establish the cleaning frequency needed to mitigate the possible transmission of disease where infected personnel may transit or be held prior to manifestation of symptoms.

Noncritical equipment, such as commodes, must be thoroughly cleaned and disinfected before use on another patient. All such equipment and devices should be handled in a manner that will prevent person-to-person spread and environmental contact with potentially infectious material. It is important to include computers and personal electronic devices (e.g., mp3 players, iPods, iPads, smart phones, etc.), monitors, keyboards, stethoscopes, and other such equipment used in patient care and in cleaning and disinfection of non-critical items.¹

Environmental Protection Agency (EPA) registered disinfectants or detergents that best meet the overall needs of the ship for routine cleaning should be selected. In general, use of the existing shipboard detergent/disinfectant according to the manufacturers' recommendations for amount, dilution, and contact time is sufficient to remove pathogens from surfaces of rooms where colonized or infected individuals were housed. Most often, environmental reservoirs of pathogens during outbreaks are related to a failure to follow recommended procedures for cleaning and disinfection rather than the specific cleaning and disinfectant agents used. Certain pathogens (e.g., rotavirus, noroviruses, *C. difficile*) may be resistant to some routinely used disinfectants. Figure 3-1 provides information to assist in disinfectant dilution levels. The following Web site links provide additional prevention measures:

1. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm>
2. http://www.cdc.gov/hicpac/Disinfection_Sterilization/3_2contaminatedDevices.html.

¹ Siegel, J. D., E. Rhinehart, et al; American Journal of Infection Control 2007/12/11; 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings (December 2007). Retrieved 10 Suppl 2, 35, from <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>.

Pathogens	Disinfectant Dilution Percentages
<i>C. difficile</i> (colitis: commonly occurs after use of antibiotics)	Use of a 1:10 dilution of 5.25 percent sodium hypochlorite (household bleach) and water for routine environmental disinfection of rooms of patients with <i>C. difficile</i>
Norovirus (very contagious stomach flu/viral gastroenteritis causes vomiting, diarrhea, dehydration)	Use a concentration of 1,000 to 5,000 ppm (5 to 25 tablespoons household bleach (5.25 percent) per gallon of water)
Rotavirus (infects bowels and causes severe diarrhea and dehydration)	Use a concentration of 800 ppm bleach solution.

Figure 3-1. Disinfectant Dilution Percentages

The need to change disinfectants based on the presence of these organisms can be determined in consultation with preventive medicine personnel. Detailed recommendations for disinfection and sterilization of surfaces and medical equipment that have been in contact with high risk body fluids, and for cleaning of blood and body substance spills, are available in the CDC Guidelines for Environmental Infection Control in Health-Care Facilities.²

3.2 PATIENT CARE EQUIPMENT AND INSTRUMENTS/DEVICES (NAVY TACTICAL TASK 4.12)

Medical equipment and instruments/devices must be cleaned and maintained according to the manufacturers' instructions to prevent patient-to-patient transmission of infectious agents. Cleaning to remove gross soilage with organic material must always precede high level disinfection and sterilization of critical and semi-critical instruments and devices because residual protein-containing material reduces the effectiveness of the disinfection and sterilization processes.

Providing individuals who are on transmission-based precautions with dedicated noncritical medical equipment (e.g., stethoscope, blood pressure cuff, electronic thermometer) has been beneficial for preventing transmission. When this is not possible, disinfection after use is needed. Equipment can be cleaned on-site using a detergent/disinfectant and, when possible, should be placed in a single plastic bag for transport to the reprocessing location.³

3.2.1 Supply and Food Service Sanitation Management of Dishware and Eating Utensils for Patients and Crew Members (Navy Tactical Task 4.12)

The combination of hot water and detergents used in dishwashers is sufficient to sanitize dishware and eating utensils. Therefore, no special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils; reusable dishware and utensils may be used for persons requiring transmission-based precautions. If adequate resources for cleaning utensils and dishes are not available, disposable products may be used.³

² Schulster, L. and R. Y. Chinn, Guidelines for environmental infection control in health-care facilities. Recommendations of CDC and the Health care Infection Control Practices Advisory Committee (HICPAC), Morbidity and Mortality Weekly Report Recommendations and Reports (2003): 52(RR-10): 1-42.

³ Siegel, p. 35.

3.2.2 Laundry Sanitation Management (Navy Tactical Task 4.12)

In general, the laundry sanitation management for a ship will change very little except for the linens for the quarantined and isolated personnel. Their soiled textiles, including bedding, towels, and uniform clothing items may be contaminated with pathogenic micro-organisms. However, the risk of disease transmission is negligible if they are handled, transported, and laundered using standard precautions. Key principles for handling soiled laundry are:

1. Do not shake the items or handle them in any way that may aerosolize infectious agents
2. Avoid contact of one's body and personal clothing with the soiled items being handled
3. Contain soiled items in a laundry bag or designated bin.

Some ships have used dissolvable laundry bags for soiled laundry of isolation and quarantine patients. Used extensively in Navy hospitals, the dissolving bags enable laundry handlers to avoid touching the contaminated linens. The dissolvable bags are used as a liner to the "dirty" linen hamper in the quarantine and isolation patient's room. The HCP will close the full bag, secure the ties, then call for help from outside the dirty room if on airborne precautions, or anytime the HCP is in a gown. The second person stands outside the dirty space and the secured bag is dropped into a clean laundry bag, secured, labeled and removed from area.

The methods for handling, transporting, and laundering soiled textiles are determined by Navy policy and any applicable regulations; guidance is provided in the CDC Guidelines for Environmental Infection Control.⁴ Rather than rigid rules and regulations, hygienic and common sense storage and processing of clean textiles is recommended. When laundering occurs, the clean items must be packaged or completely covered (e.g., covered with a clean sheet) and placed in an enclosed space during transport to prevent contamination with outside air or construction dust that could contain infectious fungal spores.⁵ The following guidelines apply:

1. If hot-water laundry cycles are used, wash with detergent in water more than 160 degrees Fahrenheit (more than 71.1 degrees Celsius) for more than 25 minutes.
2. Follow laundering requirements per manufacturer's instructions for items used in the facility.
3. Choose chemicals suitable for low-temperature washing at proper use concentration if low-temperature (less than 160 degrees Fahrenheit (less than 71.1 degrees Celsius)) laundry cycles are used.
4. Package, transport, and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during inter-facility loading, transport, and unloading.⁴
5. Only one change of linen should be brought into a quarantine or isolation room at a time and then used. "Stored" linen can become contaminated in contact, droplet, and airborne isolation areas. Extra clean linen will need to be covered (with a clean sheet for example) and located outside of the quarantine and isolation spaces. Due to storage limitations and the possibility of a need to frequently change patient gowns and bed linens, establish a replenishment system through the supply officer.

3.3 BIOWASTE HANDLING (NAVY TACTICAL TASK 4.12.6)

According to the Office of the Chief of Naval Operations (OPNAV) P-45-113-3-99, Afloat Medical Waste Management Guide, medical waste shall be separated into infectious medical waste and noninfectious medical waste at its point of origin. Proper segregation will significantly reduce the quantity of infectious medical waste that must be processed and stored onboard. Non-infectious medical waste, without sharps (e.g., needles, scalpels, blades), can be disposed of as municipal solid waste pier-side, and processed as normal ship's garbage underway.

⁴ Schulster, pp. 1–42.

⁵ Siegel, p. 35.

Infectious medical waste will include those wastes from patients in isolation. However, only contaminated items or items likely to be contaminated with material capable of causing disease are deemed infectious medical waste.

Infectious medical waste shall be discarded directly into containers or plastic bags that are clearly identifiable and distinguishable from the general solid waste. Proper waste segregation should be included as an important part of medical waste training for shipboard personnel. Proper segregation of waste also minimizes storage space requirements, a very important consideration on ships. Infectious medical waste is liquid or solid waste that contains pathogens in sufficient numbers and with sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste. Examples of infectious medical waste include absorbing materials that contain blood or body fluids and medical wastes from patients in isolation. Non-infectious medical waste includes disposable medical supplies and materials that do not fall into the categories of infectious medical waste like empty pill bottles and intravenous bags (OPNAV P-45-113-3-99).

3.4 SHIPBOARD PROCEDURES FOR INFECTIOUS MEDICAL WASTE (NAVY TACTICAL TASK 4.12.6)

All personnel handling infectious medical waste shall wear gloves and additional protective medical clothing and PPE appropriate to the level of risk they encounter. Personnel shall remove any protective medical clothing and PPE used prior to leaving the work area and place it in a designated area or container until it can be properly laundered, decontaminated or disposed of. Protective medical clothing and PPE should not be submitted for laundering unless sterilized. Personnel handling infectious medical waste should work in such a manner as to prevent contamination of their clothing or skin with infectious medical waste. Personnel should not attempt to pick up any potentially contaminated materials without wearing appropriate protective medical clothing (scrubs for example) with PPE (gown, gloves, face mask, eye protection, face shield, plastic apron, etc.).



CAUTION

Personnel shall not eat, smoke or drink while handling or being exposed to infectious medical waste (OPNAV P-45-113-3-99).

Note

Before non-medical personnel are assigned to handle medical waste, they must be thoroughly trained in proper handling procedures.

3.4.1 Packaging Infectious Medical Waste (Navy Tactical Task 4.12.6)

When packaging infectious medical waste, ship personnel shall: Use the “BIOHAZARD” label to mark all infectious medical waste containers. This publication recommends the use of standard national stock preprinted biohazard bags. If standard preprinted biohazard bags or labels are not available, use red containers marked with the universal biohazard symbol or the word “BIOHAZARD.” The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The markings shall identify the generator, date of generation, and contents. Personnel shall fix labels as close and securely to containers and bags as feasible using string, wire, or adhesive if they are not already preprinted on the containers and bags (OPNAV P-45-113-3-99).

Place the infectious medical waste into a puncture-resistant container or into plastic bags suitable for use in an autoclave. These bags must be of appropriate thickness, durability, puncture resistance, and burst strength to prevent rupture or leaks. Plastic bags should be a minimum of 3 millimeters thick and of sufficient quality so that only one bag is needed for most situations. Secure the bags and mark the infectious medical waste clearly with the universal biohazard symbol and the word “BIOHAZARD.” Do not overload bags. Wet and/or leaking bags shall be double-bagged. Ensure infectious medical waste containers are covered and sealed before and during transport to treatment or storage areas.

**CAUTION**

Do not transport infectious medical waste in chutes or dumbwaiters. It is imperative to use rigid or semi-rigid, leak-proof containers for infectious medical waste transport. Keep human exposure to medical infectious waste to a minimum (OPNAV P-45-113-3-99).

3.4.2 Treatment of Infectious Waste (Navy Tactical Task 4.12.6)

To treat the ship's infectious waste properly, medical personnel shall:

1. Treat (sterilize) infectious medical waste as soon as possible to avoid cross-contamination of medical spaces.
2. If available, steam-sterilize infectious medical waste within 4 days of the date of generation. Package sterilized waste appropriately and store for disposal ashore or incinerate if the waste is paper and cloth-based and the ship is equipped with an incinerator.
3. Prior to storage or transfer/disposal, treat (if possible) infectious medical waste thereby making the waste non-infectious.
4. Steam sterilization. Autoclaving is the only method currently approved for treating shipboard infectious medical waste. Personnel should sterilize infectious medical waste at non-peak processing hours in order to minimize the risk of cross-contamination. Place infectious medical waste into a puncture-resistant container or double bag into plastic bags of sufficient thickness, durability, puncture resistance, and burst strength to prevent rupture or leaks when used in an autoclave. Place the bags of infectious waste into autoclave trays to minimize damage to the interior of the autoclave during processing. Personnel shall vent each bag (including each bag of a two-bag set, when double bagged) with a cotton or gauze plug to ensure steam exchange into each bag for both effective sterilization and steam pressure equalization. They should only autoclave infectious medical waste on the "11, slow exhaust" setting or "liquids" cycle to prevent bags from bursting and soiling the autoclave. Sharps containers will be placed into a second container (puncture resistant container or impervious plastic bag) that is properly labeled and color coded before treatment and disposal.

**CAUTION**

It is imperative that only experienced and supervised personnel handle infectious medical waste processing.

5. For effective sterilization, personnel must maintain the autoclave temperature at 250 degrees Fahrenheit for at least 90 minutes at 15 pounds per square inch of gauge pressure.
6. Each bag of waste treated shall have chemical indicator tape attached to ensure that proper sterilization temperatures have been reached. Medical department personnel should evaluate autoclaves for effectiveness on a weekly basis, while under full loading conditions, with *Bacillus stearothermophilus* spore strips.

7. Personnel should not operate autoclaves in port for treatment of infectious medical waste. When the ship is in port, they should promptly transfer waste to a shore medical support activity for treatment. Ship medical departments should only operate autoclaves in port to sterilize instruments, etc. (OPNAV P-45-113-3-99).

3.4.3 Infectious Waste Storage (Navy Tactical Task 4.12.6)

Ships' medical department personnel involved in infectious waste storage shall:

1. Store infectious medical waste separately from all hazardous material.
2. Store infectious medical waste only in suitably marked containers in a designated storage area located near the sickbay, but away from patient care, berthing, or food service areas. In accomplishing this, medical department personnel shall:
 - a. Not store infectious medical waste in the same refrigerator, freezer, or other storage area with medications, supplies, or food. If required to refrigerate or freeze infectious medical waste, remove food, medications, and supply items.
 - b. Keep storage areas clean.
 - c. Ensure the universal biohazard symbol and the word "BIOHAZARD" is clearly visible on the outside of the storage area.
 - d. Limit access to the storage area to authorized personnel specifically designated to handle infectious medical waste.
3. Keep storage time of untreated infectious medical waste (with no refrigeration capability) to a minimum, not to exceed 4 days (OPNAV P-45-113-3-99).

3.4.4 Infectious Waste Disposal (Navy Tactical Task 4.12.6, Navy Tactical Task 6.1.1.2)

Ships may incinerate infectious paper and cloth-based medical wastes that have been steam sterilized if properly equipped to do so. Ships should not incinerate infectious medical waste with high moisture content or containing plastic. Ships shall package and label infectious medical waste that is to be transferred for disposal ashore. They shall place sharps containers in a separate container from other waste (either a puncture resistant container or impervious plastic bag).

In accordance with Chief of Naval Operations Instruction (OPNAVINST) 5090.1C, Environmental Compliance Afloat (30 October 2007), ship personnel may discharge blood, blood products, and other liquid infectious medical wastes into the marine sanitation device (a biological aerobic (bacteria and air) sewage treatment system), preferably through a laboratory type sink.

Note

Ships should designate one sink for this purpose and label with a placard warning users to only dispose of blood, blood products, and liquid infectious waste when the ship is greater than 50 nautical miles from shore.

Personnel should consider the emptied containers to be infectious medical waste and package accordingly. They should place bulk blood, which cannot be emptied safely (e.g., pleurovacs and hemovacs), into leak-proof containers that clearly display the universal biohazard symbol and the word "BIOHAZARD" or are color-coded red.

Normally, ships shall only dispose of infectious medical waste at Navy facilities within the U.S. and around the world. Ships shall make prior arrangements with appropriate shore facilities (normally the base environmental

office in Navy ports, and the port services officer at non-Navy ports) that accept infectious medical waste. When required to transport infectious medical waste to a collection site (not over non-military public streets and roads), ship's personnel shall safely package the materials, use a government vehicle, and assign a person trained to work with infectious medical waste to accompany the waste package.

While at sea, if retention of infectious medical waste endangers the health or safety of personnel on board or compromises combat readiness, the commanding officer or master may authorize overboard discharge beyond 50 nautical miles from shore. Discharged waste must not contain plastic or sharps and must be steam sterilized, rendered unrecognizable, properly packaged, and weighted for negative buoyancy. The ship shall ensure that a deck log entry is made indicating the reason for disposal, the amount of waste, ship's position, and time of disposal. The ship's commanding officer or master must specifically approve all disposal of infectious medical waste at sea (OPNAVINST 5090.1C, OPNAV P-45-113-3-99).

Note

The overboard discharge of sharps and plastics is prohibited.

3.4.5 Infectious Medical Waste Management in Foreign Countries (Navy Tactical Task 4.12.6)

In foreign countries, the procedures for packaging, handling, storage, transport, treatment, and disposal of infectious medical waste shall be consistent with the standards to protect public health and the environment prescribed by applicable status-of-forces agreements (SOFA) or international agreements. If no SOFA or international agreement exists, infectious medical waste shall be disposed of as specified by the cognizant fleet commander (OPNAV P-45-113-3-99).

3.4.6 Infectious Medical Waste Training (Navy Tactical Tasks 4.12.6 and 4.12.9)

All shipboard personnel working with infectious medical waste or material contaminated with infectious medical waste shall receive training on all aspects of handling infectious medical waste to ensure they know how to properly protect themselves. For specifics, see OPNAV P-45-113-3-99.

3.4.7 Infectious Medical Waste Recordkeeping (Navy Tactical Task 4.12.7)

Ships shall develop a system to track shipboard storage and disposal of infectious medical waste. Ships shall use an offload document for turning in material to the supply system ashore. Information should include date, type of waste, amount (volume or weight), storage location, and method of disposal. Recordkeeping should be done within the medical department journal (OPNAV P-45-113-3-99).

Note

Biomedical waste from infectious isolation patients must be placed in containers lined with leak-proof plastic bags and labeled "BIOHAZARD." Contents must be autoclaved and stored or incinerated. Disposal should occur shore-side or by incineration. Shore-side disposal shall be in accordance with the shore facility, federal, state, and local requirements. Plastics may not be incinerated.

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CHAPTER 4

Commanding Officer Quarantine and Isolation Use and Support Tools

4.1 INTRODUCTION

As previously defined in section 1.7 of this publication, quarantine is a method used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to “see if they become ill.” Isolation is used to separate ill persons who have a communicable disease from those who are healthy.¹

The focus of this chapter is to further delineate essential predeployment planning activities, provide tools and guidelines for assessing the need for isolation and quarantine precautions, the necessary notification and reporting chains, and a check list to help establish ongoing infectious disease prevention strategies. Disease prevention provides an additional added benefit to any organization, the Navy in particular. By proactively managing infectious disease, a force multiplier effect is created. With fewer persons reporting to sick call, less manpower hours are lost due to time spent away from the workspace. Disease prevention techniques are not just useful when a ship is under attack from infectious disease, but are prudent management approaches to maintain a healthy and ready force both ashore and afloat and in ports, both foreign and domestic.

4.2 FOREIGN QUARANTINE REQUIREMENTS

Ships, aircraft, or other conveyances of the Navy proceeding to a foreign port will meet the quarantine requirements published by proper authority for that port. The United States Government asserts the rights of sovereign immunity with respect to United States warships and military aircraft, United States Naval Ships (USNSs), and afloat pre-positioning force ships. They will not be subject to inspections or searches by foreign officials for any purpose (OPNAVINST 6210.2).

Commanding officers, masters, and aircraft commanders may certify compliance with quarantine regulations and restrictions to foreign health officials. If requested by host authorities, certification may include a general description of measures taken by United States officials in compliance with local requirements. At the discretion of the commanding officer, master, or aircraft commander, foreign health officials may be received on board for the purpose of certification of compliance. These officials may not, however, inspect the ship or aircraft, or act as observers while United States personnel conduct such inspections. Actions by foreign officials inconsistent with this guidance must be reported immediately to the chain of command and United States Embassy.

4.3 PUBLIC HEALTH SERVICE REQUIREMENTS ABOARD NAVY SHIPS

Preparation is the key to success. This section notes that prior to a ship’s departure from a foreign port, it is imperative that the commanding officer assures that his/her ship complies with the sanitary measures prescribed by the local health authorities in the port of departure. Maintaining high public health standards safeguards mission readiness by preventing the embarkation of persons infected with a disease that warrants quarantine or the introduction of possible agents of infection, or vectors of a disease on the quarantine list. The communicable diseases for which quarantine are authorized are:

1. Cholera

¹ Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G-2–G-3.

2. Diphtheria
3. Infectious tuberculosis
4. Plague
5. Smallpox
6. Yellow fever
7. Viral hemorrhagic fevers (e.g., Lassa, Marburg, Ebola, Crimean-Congo, and others not yet isolated or named)
8. SARS
9. Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic (OPNAVINST 6210.2).

4.3.1 Procedures Applicable to Arrival at United States Ports

Public health quarantine procedures are required for ships that, in the 15 days prior to arrival in the United States or since departure from the last United States port (whichever period is shorter), have or had any crew onboard with the following conditions or illnesses:

1. A temperature of 100 degrees Fahrenheit (38 degrees Celsius) or greater accompanied by a rash, glandular swelling, or jaundice, or which has persisted for more than 48 hours.
2. Diarrhea, defined as the occurrence in a 24-hour period of three or more loose stools or of a greater than normal (for the person) amount of loose stool or rice-water stool, blood and/or mucus in the stool, with or without fever, or a surge in incident cases suggestive of an epidemic.
3. Death due to illness other than battle casualties or physical injuries.

When one or more of the stated conditions exist, the commanding officer of a ship or senior officer of a group of ships will, between 12 and 72 hours prior to arrival, forward a message of conditions to the senior naval officer in command at the port of arrival. A copy of the message will also be sent to the military quarantine inspector and to the responsible local preventive medicine service in the port area. A reply confirming receipt of the radio message or report will be made if circumstances indicate and will contain applicable quarantine instructions. Unless otherwise indicated in the reply, a ship may proceed directly to berth and begin normal business activity. This quarantine procedure does not exempt a ship from control measures or public health inspections subsequently deemed necessary, or from the requirements of other government agencies. When illness is reported or if the ship has been in a plague-infected country, appropriate inspections may be required.

4.3.2 Guidelines for Determining When to Commence Quarantine and/or Isolation

The tasks of quarantine and isolation for contagious agents are well defined. Current multiservice doctrine specifies the use of quarantine and isolation and refers to CDC standards for their execution. As practicable, these standards will form the basis for Navy tactics, techniques, and procedures (NTTP) to be used by the Services for patient quarantine and isolation.

4.3.3 Quarantine and Isolation Decision Tree

Figure 4-1 can assist in determining when isolation and/or quarantine should be instituted. This decision tree also indicates when isolation and quarantine can be terminated² (see also appendix A).

² Joint CBRN Combat Developer for Experimentation, pp. G-3–G-4.

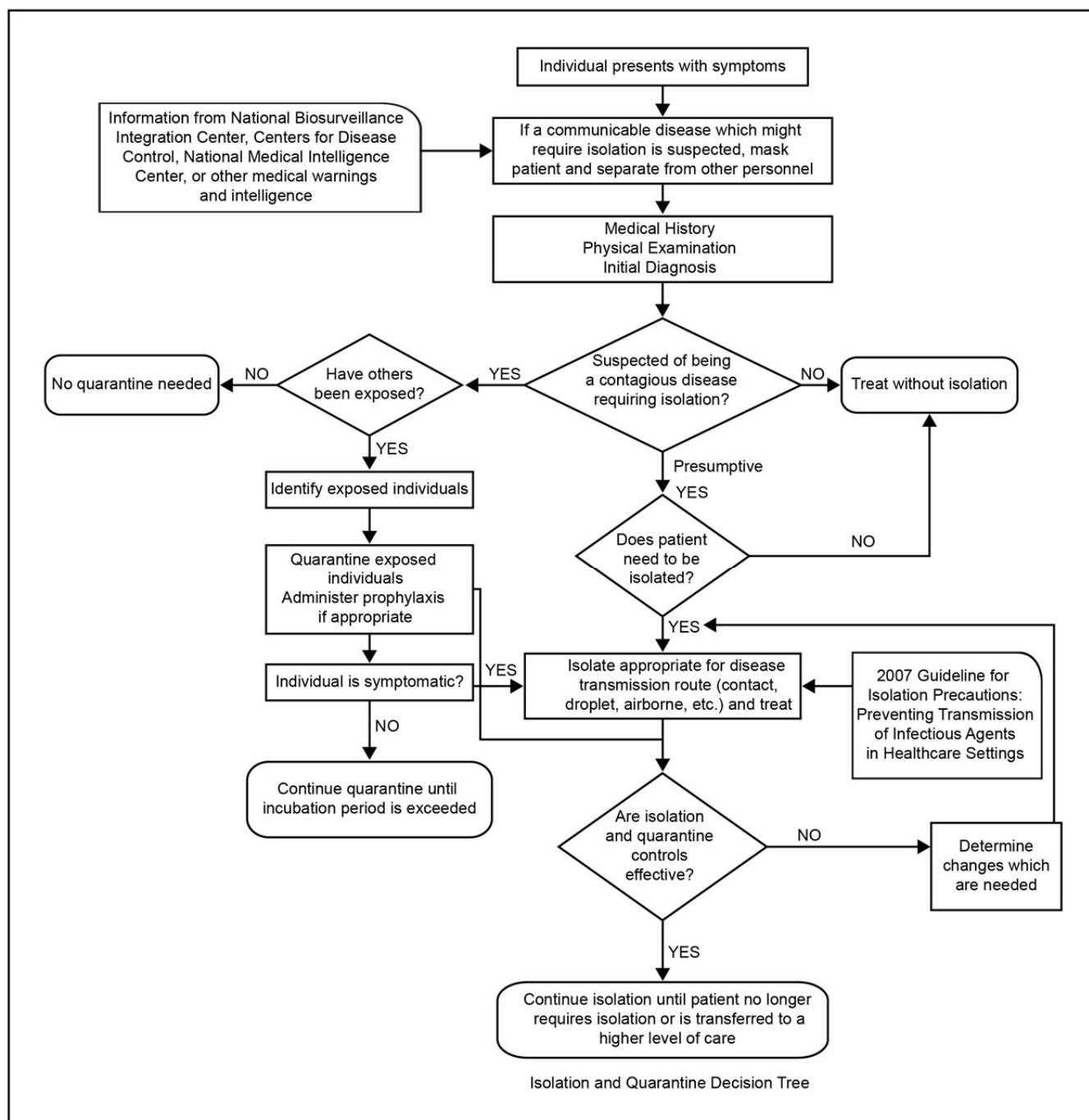


Figure 4-1. Quarantine and Isolation Decision Tree

4.4 CARE MANAGEMENT WHILE IN CONTACT, DROPLET OR AIRBORNE PRECAUTIONS FOR QUARANTINE AND ISOLATION PATIENTS

The following information gives a brief overview of needed activities and skills to be performed to support the various types of quarantine and isolation precautions. Standard precautions are a minimum, as are the other non-pharmaceutical techniques of social distancing, respiratory etiquette, and hand washing for all levels of precautions. The Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division, Shipboard Isolation and Quarantine Concept Experiment Final Report refers to the use of an anteroom and high-efficiency particulate air (HEPA) filters in the rooms and anteroom space stemming from 2010 recommendations. The guides are useful, but, at present, Navy ships do not have anterooms or HEPA filters available.

4.4.1 Proper Procedures for Using Personal Protective Equipment for Contact and Airborne Quarantine and Isolation Precautions (Navy Tactical Task 4.12.9)

The proper technique for donning and doffing PPE for use in various types of quarantine and isolation precaution areas requires practice and great attention to detail to prevent unintended cross-contamination of objects and other people. It is imperative that all health care staff or persons assigned to health care support activities “practice” these skills prior to their use. Predeployment training is recommended. Illustrated directions for the gown, glove (open technique), and mask application are in the Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division, Shipboard Isolation and Quarantine Concept Experiment Final Report (pages G6-G13).

4.4.2 Food and Nutrition

Febrile patients need to be kept hydrated and will also have an elevated basal metabolic rate and may be hungry or depending on the nature of the infection, may have nausea and vomiting and their fluid/electrolyte and nutritional status will need monitoring by the care providers. Food is most often served on disposable plates, cups, and utensils. Regular dishware may be used with some precautions, but must be handled as contaminated items and sanitized.³

Note

The use of paper products is also acceptable; however this is a finite product and must be treated as contaminated items when used by quarantined and isolated personnel.

4.4.3 Berthing, Toileting, and Hygiene Management

If the number of personnel requiring quarantine and isolation exceeds the berthing capacity of the medical spaces, consideration shall be given to displacing healthy personnel from a berthing area and designating it as quarantine and isolation berthing.

If feasible, the head facilities should be adjacent to the quarantine and isolation rooms. A secured area will be used for the patient and the facilities must be maintained and sanitized daily and whenever soiled. Thorough hand washing after head use is required. PPE must be worn by any HCP providing assistance. Personal bathing and grooming standards are to be maintained. Individual ship class designs may preclude the use adjacent berthing and head facility arrangements for sick personnel. If this is the case, separate head facilities and berthing areas shall be designated for “sick personnel use only.”

Note

This may result in entire sections of habitability areas being placed off limits to all personnel with the exception of medical personnel.

³ Joint CBRN Combat Developer for Experimentation, p. G-15.

4.4.4 Medications

All medications will be administered and documented in the patient record only by trained medical staff. Non-medical assistants are not to give medications or perform procedures, such as sterile dressing changes.

4.4.5 Patient Care Equipment (Navy Tactical Task 6.1.1.2)

Equipment that has come in direct contact with the patient or their bodily fluids must remain in the room until the equipment is completely disinfected as guided by existing ship's policy. In a room with a person who has an airborne transmitted disease, all surfaces and equipment must be disinfected prior to removal from the room. This includes intravenous (IV) poles, monitors, wheelchairs, etc.

4.4.6 Housekeeping (Navy Tactical Task 6.1.1.2)

Routine cleaning of frequently touched surfaces, toilets, bed pans, and commodes shall occur at least daily and as needed when soiled. High touch and high traffic areas including door handles, routinely traveled passageways, light switches, rails, to name just a few examples, must be cleaned and disinfected, as well as continually maintained.⁴ Since the workload of the ship's crew will likely be heavily tasked during an infectious disease outbreak, it is reasonable to enable the quarantined personnel to clean their quarantine spaces as they are not ill, but under observation. The isolation patients who are symptomatic should not be part of a workforce.

4.4.7 Observation and Assessment

Quarantine is a place to be observed and be frequently assessed for signs and symptoms of the disease of concern. Isolation is a place for persons who are demonstrably ill to receive care that requires nursing care and assessment, as well as medication and possibly medical procedures. It is important that the patients are frequently assessed at a rate directed by policy and or specific medical order. For safety, the health care providers must never be left alone for the safety of the patient and the care staff. Therefore, there must be a minimum of two persons in attendance at all times for isolation units. Quarantine units house people under observation for the possible development of disease signs and symptoms. Individuals in quarantine must have a means to communicate at all times and require frequent observation and assessment. However, they need not have an HCP in attendance at all times if they have a means to communicate (e.g., a working phone, and a list of important contact names and phone numbers, such as duty corpsman/nurse). Patients need to know they are not alone or feel abandoned.

4.4.8 Linen and Waste Removal

Cleaning and labeling of laundry and waste is covered in this publication, but additional information is located in the Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (pp. G-15–G-17). All contaminated items, linens, and waste are removed from the room using a double bag process assisted by a second person. The double bag procedure requires the use of two HCP who are in full PPE. One person drops the "dirty bag" into the outstretched opening of the "clean" bag held by the second clean person. The bags must be appropriately labeled as a "BIOHAZARD" and the ties must be securely fastened. The exterior bag must show no leakage. This time consuming procedure requires attention to procedural detail to prevent cross-contamination. Practice is recommended.

4.4.9 Emotional and Spiritual Needs (Navy Tactical Task 4.12.14)

Restricted movement and being sequestered into quarantine or isolation with a serious illness can be a distressing and frustrating situation. The best means of preventing emotional or behavioral problems is to recognize the needs proactively. Communication with their care-givers is essential. Telephone availability is helpful. The patient needs to feel safe, not just "locked up." Spiritual support can be provided by a chaplain and services are often

⁴ Joint CBRN Combat Developer for Experimentation, p. G-18.

telecast on the closed circuit TV. Diversion could be aided by SITE-TV, e-mail, etc. Reading material can remain in the room and then be discarded in accordance with disposal procedures.

Note

Any personal items used by the patient must be thoroughly disinfected at the end of the quarantine and isolation period.

4.4.10 Security (Navy Tactical Task 6.3.2.4)

Depending upon the extent of the contagion, a security detail may be required to keep other personnel out of the area designated for the isolation and quarantine spaces. The purpose of these precautions is primarily to stop the spread of infection by curtailing the mode of spread and reducing the opportunities to infect by limiting other human contact. Traffic control and route planning will be needed for times when the patient must leave the secured space for either tests, or to leave the ship. A patient on airborne precautions on a ship will be wearing a surgical mask in and outside the room. However, security personnel must also don and doff PPE correctly in the event they must enter or be in close or direct patient contact.

4.4.11 Patient Transit (Navy Tactical Tasks 2.1, 4.12.5, and 4.12.19)

General patient movement outside the secured confines of their assigned space should be very limited and only for medical purposes. Medical personnel will ensure the spaces/areas to be transited are clear of non-infected personnel. Depending upon the severity of the illness and at the conclusion of patient transit, the area transited must be disinfected. At a minimum, the patients will be on contact precautions and the patient will wear PPE appropriate to their condition.⁵

Factors to consider when moving an infectious patient include the following:

1. Patients should be transported on a dedicated aircraft with a minimum number of crewmembers.
2. Infectious patients should be positioned as far down wind of cabin airflow as possible.
3. Mechanical ventilators for infectious patients should provide high-efficiency particulate air (HEPA) or equivalent filtration of airflow exhaust.
4. Whenever possible, noninfectious patients or passengers should not be on-board.
5. The number of medical providers should be limited to those required to provide essential care during the flight.
6. Infection control measures should focus on source control; engineering controls to limit airborne dissemination of the virus; containment of the area of contamination, such as designating clean and dirty areas on the aircraft; use of PPE; safe work practices to prevent exposure; and waste disposal (NTPP 4-02.2M/MCRP 4-11.1G, Patient Movement).

4.5 COMMAND RESPONSIBILITIES DURING A SHIPBOARD HEALTH EMERGENCY

Individual commands will tailor their responsibilities based upon the unique characteristics of their platforms and manning. However, the following measures may be included in any command's emergency response plan:

1. Collecting specimens and performing tests on any property or on any animal or disease vector, living or deceased, as reasonable and necessary for emergency response.

⁵ Joint CBRN Combat Developer for Experimentation, pp. G-22–G-23.

2. Taking measures to safely contain and dispose of infectious waste as may be reasonable and necessary for emergency response.
3. Directing U.S. military personnel to submit to a medical examination and/or testing as necessary for diagnosis or treatment. Persons other than military personnel may be required as a condition of exemption or release from restrictions of movement to submit to a physical examination and/or testing as necessary to diagnose the person and prevent the transmission of a communicable disease and enhance public health and safety. Qualified personnel shall perform the examinations and testing.
4. Restricting movement to prevent the introduction, transmission, and spread of communicable diseases and/or any other hazardous substances that pose a threat to public health and safety. In the case of military personnel, restrictions of movement, including isolation, or any other measure necessary to prevent or limit transmitting a communicable disease, and enhance public safety may be implemented. In the case of persons other than military personnel, restrictions of movement may include isolation or limiting ingress and egress to and from the ship.
5. Isolating individuals or groups to prevent the introduction, transmission, and spread of a communicable disease and/or any other hazardous substances that pose a threat to public health and safety. Isolation measures may be implemented in health care facilities, living quarters, staterooms, and galley/mess deck. Isolation measures do not lessen the responsibilities of the military health system (MHS) to provide medical care to infected and/or affected persons to the standard of care feasible given available resources.

Ensure that risk and crisis communications are executed by the public affairs officer in coordination with all appropriate Department of Defense (DOD) installation and/or military command stakeholders.

Notes

- Outside the United States, exercise those emergency health powers granted in accordance with applicable international agreement, or otherwise within his or her inherent authority, in coordination with host-nation authorities. At installations outside the U.S., such action must be coordinated with host-nation authorities to meet the intent of this provision.
- See Navy and Marine Corps Public Health Center “Quick Hits” as well as a list of NEMPU consultants supporting isolation and quarantine decisions TB control programs (Bureau of Medicine and Surgery Instruction (BUMEDINST) 6224.8B) and Pandemic Influenza Clinical and Public Health Guidelines.⁶

4.5.1 Commanding Officers

Commanding officers (COs) shall ensure that force health protection measures are integrated into existing ship’s command emergency preparedness and response plans. These plans shall be exercised regularly and integrated into existing exercise programs.

4.5.2 Executive Officer

The executive officer (XO) shall advise the CO on all matters relating to the health, welfare, and combat capability of the ship and crew. Additionally, though not all inclusive, the XO may:

1. Integrate outbreak scenarios into existing ship-wide training evolutions to evaluate readiness and improve preparedness plans and response capabilities.

⁶ Department of Defense (DOD), Pandemic Influenza: Clinical and Public Health Guidelines for the Military System, Novel Influenza A (H1N1) Virus in 2009 (May 2009), <http://www.health.mil/~media/MHS/Policy%20Files/Import/09-012.ashx>.

2. Assess surge capacity to meet expected needs during an outbreak.
3. Coordinate communication activities across all departments.
4. Develop awareness campaigns for influenza preparedness and response. Post information in the Plan of the Day, 1-MC announcements, and SITE-TV.
5. Be prepared to modify berthing to accommodate quarantined and isolated personnel.
6. Ensure watch, quarter and station bills are updated to reflect lost personnel due to quarantine and isolation.
7. Secure lounges, recreation areas, and gyms/weight rooms, as directed.

4.5.3 Senior Medical Officer/Independent Duty Corpsman

The senior medical officer (SMO)/IDC shall advise the CO on all matters relating to the health and welfare of the ship and crew. Additionally, though not all inclusive, the SMO/IDC shall:

1. Formulate outbreak scenarios for inclusion into existing shipwide training evolutions to evaluate readiness and improve preparedness plans and response capabilities.
2. In conjunction with the supply officer (SUPPO), develop strategies to stockpile medical supplies and pharmaceuticals to support a response.
3. Develop and implement strategies to mitigate the spread of infection.
4. Assess preparedness status and identify actions needed to fill gaps in medical preparedness and authorized medical allowance list (AMAL), etc.
5. Assess capacity of emergency response systems to meet expected needs during an outbreak.
6. Implement strategies and disseminate materials to support outbreak response.
7. Implement infection control measures.
8. In conjunction with the supply officer, develop a plan to resupply medical materiel and pharmaceuticals.

4.5.4 Chief Engineer

The chief engineer (CHENG) shall advise the CO on all matters relating to the efficient operation of all engineering systems and its impact on the combat and operational capability of the ship. Additionally, though not all inclusive, the CHENG shall, if necessary, configure ventilation and cooling support to quarantine and isolation spaces to minimize potential spread.

4.5.5 Operations Officer

In the event of a quarantine and isolation incident, be prepared to modify operational schedules (e.g., underway replenishments (UNREP), etc.)

4.5.6 Combat Systems Officer

In the event of a quarantine and isolation incident, be prepared to modify equipment maintenance schedules. Establish River City to prevent unauthorized external communication regarding SQI and affected personnel.

4.5.7 Supply Officer

The SUPPO shall advise the CO on all matters relating to the supply department and its impact on the operational capability of the ship. Additionally, though not all inclusive, the SUPPO shall:

1. In conjunction with the SMDR (e.g., SMO/PMT/IDC), develop strategies to stockpile medical supplies and pharmaceuticals to support a response.
2. In conjunction with the SMDR (e.g., SMO/PMT/IDC), develop a plan to resupply medical materiel and pharmaceuticals.
3. Be prepared to modify messing procedures and perform battle messing to encompass paper products, social distancing within the mess decks.
4. Be prepared to modify laundry procedures so as not to cross-contaminate laundry with those of quarantined and isolated personnel.
5. Provide a line of accounting for the purchase/replacement of critical supplies.

4.6 NOTIFICATION ROUTING PROCEDURES (OUTSIDE THE CONTINENTAL UNITED STATES AND CONTINENTAL UNITED STATES NOTIFICATION)

When a circumstance suggesting a public health emergency is occurring onboard a ship, the commanding officer shall immediately report the event to their respective chain of command. Additional agencies and components may receive the notification as “information addressees.” There will be circumstances where it may be necessary to deviate from this outlined process⁷ (Department of Defense Instruction (DODI) 6200.03).

Commanding officer may declare a shipboard health emergency and implement relevant emergency preventive procedures to achieve the greatest benefit while maintaining operational effectiveness on the ship. In this case, the commanding officer shall notify the appropriate authorities within their chain of command. This may include the numbered fleet commanders, fleet commanders, Navy component commanders (NCC), combatant commands, and/or the Service component, a joint task force, a sub-unified commander, or other entity as established.

Commanding officers are required to report their qualitative assessment via the Defense Readiness Reporting System-Navy (DRRS-N). Additionally, outbreaks are required to be reporting according to BUMEDINST 6220.12C, Medical Surveillance and Medical Event Reporting. An outbreak will impact the personnel, equipment, supply, training, and ordnance (PESTO) reporting and its impact on the command’s mission essential tasks (MET).

4.7 COMMANDING OFFICER’S EMERGENCY HEALTH POWERS (NAVY TACTICAL TASKS 2.1.2, 4.12.8, AND 6.5.3)

Ship commanding officers, may exercise special powers relating to the following:

1. Collecting specimens and performing tests on any property as reasonable and necessary for emergency response.
2. Closing, directing the evacuation of, or decontaminating a space or compartment.
3. Contaminating or destroying any material that endangers the crew.

⁷ Specific Navy environmental preventative medicine unit (NEPMU) contact information is listed in the Navy and Marine Corps Public Health Center Quick Hits, Navy Medicine Influenza Surveillance and Response Guidance, (December 2011), <http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx>

4. Using facilities, materials, and services for purposes of communications, transportation, occupancy, fuel, food, clothing, health care, and other purposes and controlling or restricting the distribution of commodities as reasonable and necessary for emergency response.
5. Controlling ingress and egress routes to and from the affected ship.
6. Taking measures to safely dispose of infectious waste as may be reasonable and necessary for emergency response.
7. During a declared shipboard health emergency, a commander, may exercise special powers relating to persons necessary to prevent the spread of communicable diseases. To the extent necessary for protecting or securing the ship, such special powers may also include persons other than military personnel who are present on a the ship (DODD 6200.3). Such special powers are the following:
 - a. Military personnel may be ordered to submit to a physical examination and/or testing as necessary to diagnose or treat. Persons other than military personnel may be required as a condition of exemption or release from restrictions of movement to submit to a physical examination and/or testing as necessary to diagnose the person and prevent the transmission of a communicable disease. Qualified personnel shall perform examinations and testing, which shall not be likely to result in serious harm to the individual.
 - b. Restrictions of movement may be implemented to prevent the spread of communicable diseases. Individuals may be isolated to prevent the spread of a communicable disease.
 - c. Military personnel may be ordered to submit to vaccination or treatment subject to special rules applicable to use of investigational new drugs under DODD 6200.3. Persons other than military personnel may be required as a condition of exemption or release from restriction of movement to submit to vaccination or treatment as necessary to prevent transmitting a communicable disease. Qualified personnel shall perform vaccination and treatment, consistent with appropriate medical standards, including appropriate medical exemption criteria, which shall not be likely to result in serious harm to the individual.
 - d. The SMDR (e.g., SMO/PMT/IDC) may take measures reasonable and necessary for testing and safely disposing of corpses in order to prevent the spread of disease, ensuring proper labeling, identification, and records regarding circumstances of death and disposal.
 - e. Protected health information shall be used and disclosed as necessary to ensure proper treatment of individuals and prevent the spread of communicable diseases.
 - f. Individuals may be placed in quarantine to prevent the spread of a communicable disease needing quarantine and isolation. In the case of a quarantine of individuals other than military personnel, the following requirements apply:
 - (1) The needs of persons quarantined shall be addressed in a systematic and competent fashion. Places of quarantine shall be maintained in a safe and hygienic manner, designed to minimize transmission of infection or other harm to persons subject to quarantine. Adequate food, clothing, medical care, and other necessities shall be provided.
 - (2) A person subject to quarantine shall obey the rules and orders established by the CO, shall not travel beyond the quarantine premises, and shall not put himself or herself in contact with any person not subject to quarantine, except as senior medical officers authorize.
 - (3) No person may, without authorization, enter a quarantine premises. A person who by reason of unauthorized entry poses a danger to public health becomes subject to quarantine.

- (4) Quarantine precautions (i.e., contact, droplet, airborne) shall mirror the suspected disease and shall be accomplished through the least restrictive means available, consistent with protection of public health. Quarantine of any person shall be terminated when no longer necessary to protect the crew's public health.
- (5) The SMDR (e.g., SMO/PMT/IDC) shall, as soon as practical, provide to every individual subject to quarantine written notice of the reason for the quarantine.

Isolation or quarantine procedures should be instituted when a contagious disease or contagious process is first suspected. A patient's history, signs and symptoms of disease, and other available data form a sufficient basis for determining the need for isolation, as well as the most appropriate type of isolation. Laboratory confirmation of an infection is desirable, but of secondary importance in making the initial decision to isolate the patient. In no case should the decision to isolate the patient await laboratory confirmation. The medical professional evaluating the patient is responsible for the prompt initiation and the indicated type of isolation.

In accordance with BUMEDINST 6220.12C, medical surveillance and medical events reports are used to report actual and in some cases, suspected contagious diseases. The reports are sent via the chain of command and will alert the Navy and Marine Corps Public Health Center (NMCPHC) and area Navy environmental preventive medicine units (NEPMU). NEPMU can provide epidemiologic outbreak assistance and contact with research laboratories as needed.

4.8 INFECTION PREVENTION PLANNING CHECKLIST—ADAPTED FOR USN SHIPS (NAVY TACTICAL TASK 5.3.2)

The Infection Prevention Planning Checklist, appendix A, may be instrumental to help organize and guide a comprehensive public health-oriented disease prevention program. This checklist can easily be modified to meet or reflect the programs implemented on a specific ship.

4.9 COMMANDING OFFICER'S GUIDE TO INITIATING SHIPBOARD QUARANTINE AND/OR ISOLATION PRECAUTIONS AT SEA CHECKLIST (NAVY TACTICAL TASKS 5.3.3 AND 6.5)

Appendix B provides a notional checklist for the commanding officer's use.

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CHAPTER 5

Summative Observation and Future Recommendations for Shipboard Quarantine and Isolation

5.1 OBSERVATIONS AND RECOMMENDATIONS FOR FURTHER DEVELOPMENT OF AN AIRBORNE INFECTION ISOLATION CAPABLE SYSTEM

The following observations and recommendations are based on the best use of available resources on Navy ships and a compilation of recommendations from the 2006 and 2010 experimentations.^{1 2} The information below incorporates, identifies, and describes opportunities of further study, available resources and commercial-off-the-shelf (COTS) products that bridge the current capability gap that has been identified in both the 2006 and 2010 examinations of the shipboard quarantine and isolation capability to date. Recommended COTS include the items listed below.

5.2 ANTEROOM AND HIGH-EFFICIENCY PARTICULATE AIR FILTERS PROVIDE NEEDED CAPABILITIES

An anteroom is an area located directly outside of an isolation/quarantine room or space. This small room is a staging area, hand cleaning area, and more importantly, an area that allows the safe entrance and exit from a “dirty” zone. Within this space the care provider can remove used PPE without contaminating other people, objects, and the clean airspace directly outside the anteroom’s exterior portal. The anteroom used in the 2010 test weighed about 22 lbs. (single unit without the weight of the air scrubber). When unassembled, the unit can fit into a draw-string bag and can be stored under a bunk, in a closet, or placed in a locker. With minimal practice, the unit consisting of polyvinyl chloride (PVC) pipes, plastic covered sheeting material, and Velcro closures, can be easily assembled. The plastic “unit” must be securely affixed with Velcro, for example, to the bulkhead for air containment. Hatch portals are fore and aft, and enable entry and exit after a dwell time determined by the air scrubber affixed and size of the space.

Figure 5-1 is a diagram of the anteroom unit and quiet room set-up on an aircraft carrier that was used for testing (USS *Ronald Reagan* CVN 76). Omitted from this diagram is the HEPA filter within the patient space. You will see that the air flows into the room, but the vent to return air (potentially contaminated) into the general circulation is blocked. The air in this room will be “scrubbed” by the HEPA filter and a slight negative air pressure will exist if the bathroom fan remains on at all times with the bathroom door in the open position and the room’s door remains closed behind anyone who enters or leaves the sick room space. The route of airflow may differ depending on the configuration of the anteroom and the room area it supports. The underlying point is that the air is cleaned, and not dependent on venting to the weather deck, and the HCP have full access to the patient while maintaining strict airborne precautions.

¹ Naval Health Research Center Document No. 10-13, Final Analysis Report: Shipboard Isolation and Quarantine Program (SIQ-P) Aboard Aircraft Carriers, (2010).

² Joint CBRN Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G-25–G-52.

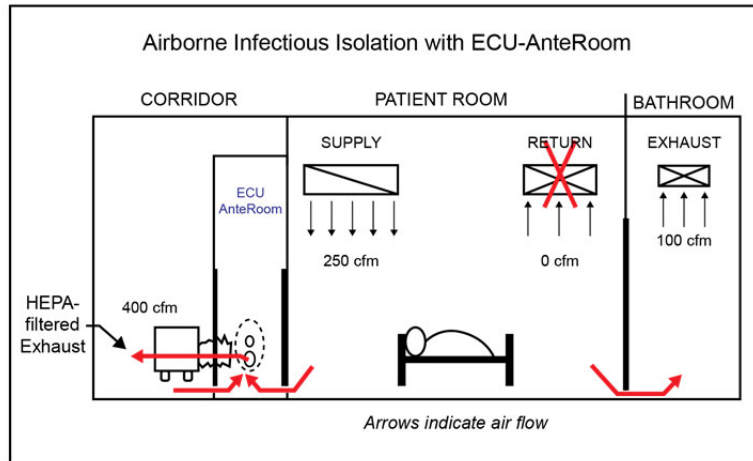


Figure 5-1. Air flow distribution using anteroom on enclosed room with bathroom fan

Note

A waiver to bring the HEPA unit aboard ship was obtained due to the presence of a small amount of contained mercury in the HEPA filter's light.

The process of donning PPE is always labor intensive and very time consuming. It was noted that practice was required for both use of PPE, and the entering and exiting techniques (including dwell time) from the anteroom space. Currently, this process requires a second person to assist (to create a taut zipper line or double bagging procedure).

Additional staff recommendations for prototype anteroom:

1. The anteroom disinfects easily.
2. The tested anteroom's structure and configuration of window panels and portals should be modified to incorporate an envelope-type slit created to be used as a pass-through for meds, food, papers, etc.
3. A portal "sleeve" to enable HCP to dispose of solid waste (trash) without having to leave the anteroom should be included in anteroom design.
4. A gloved sleeve from outside to inside the anteroom can be created to assist the HCP on the inside of the anteroom without necessitating entering the anteroom space or the donning and doffing PPE. This adjustment to the existing anteroom design could significantly lessen the number of repeated direct exposures of the HCP and create a major reduction in work-load and time. With fewer entries into a contaminated space, a reduction in the use of PPE would be realized and an increase in the PPE stock availability would be realized.
5. The anteroom "ceiling" panel should be clear, not opaque to enable the use of ambient light inside the anteroom.
6. The zippers used to enter anteroom unit may jam and require a second person to make the zipper line taut. A Velcro or "bump-through" door modification may alleviate this problem.
7. A single anteroom can be affixed to the ship's bulkhead. For more space, multiple units can be connected like a caterpillar, enabling some bend as well as system extension. This feature could work well with field/pier-side units enabling the creation of connecting/bridging passageways, for example, to an adjacent head (see figure 5-2).

5.3 WORKLOAD AND TRAINING REQUIRED TO SUPPORT AIRBORNE INFECTION PRECAUTIONS

All levels of quarantine and isolation precautions require added time, create additional workload, and necessitate additional personnel to perform basic care functions. For example, contaminated laundry and trash removal are major issues as these items accumulate rapidly. Manpower support staff will likely need to assist with contaminated laundry and trash removal. At sea, without the ability to augment the number of corpsmen or nurses, it is likely that some medical support processes will need to be provided by non-medical ship's personnel. Consequently, PPE training will be required and isolation techniques taught to all health care workers and their immediate support personnel "just-in-time" based on the type of isolation precaution being used. Using proper technique is critical to the prevention of cross-contamination and further disease spread. Practice donning and doffing PPE, entering and leaving an isolation space, and how to handle patient items will be necessary. Additionally, the HEPA filtration systems and the anteroom space integrity and effectiveness must be regularly monitored. Quality assurance checks or rounds need to be conducted daily to assure proper air containment from sick room and anteroom as well as proper functioning of the HEPA filtration units to achieve desired outcomes.

Note

The double sized anteroom shown in figure 5-2 accommodates a "patient" on a stretcher to be carried into the anteroom area; close rear portal behind stretcher bearers; prior to opening door to isolation space, stretcher bearers remain in the anteroom for a specified dwell time; then they may open door to isolation space and enter, closing door behind them. The exit procedure is the opposite of the above process. The isolation room needs to have its own HEPA filter (eliminates location issues and the need to externally vent "dirty" exhaust to a weather deck).



Figure 5-2. Double anteroom unit with placards that show type of isolation precaution ordered and required personal protective equipment

Training material that covers the proper use of the anteroom and HEPA filters as well as the proper use of PPE used in the various types of infectious disease precautions need to be created and made readily available to the ship's training officer. It is further recommended that these teaching materials rely heavily on the use of pictures and/or video clips to facilitate the procedural training. Furthermore, the HCP's technique should be critiqued prior to the worker's exposure to any contagious person or material for safety and quality assurance.

5.4 LOCATION OF AN AIRBORNE INFECTION ISOLATION UNIT

The location of the SQI space will need to be further studied and identified in light of the unique characteristics of each ship class.³

For example, previously SQI was to be located in USS *Makin Island* (LHD 8) aft berthing compartment. The original rationale was to position the SQI unit in a location that would enable the room air to be vented to a weather deck. This location proved to be undesirable due to the possible blow back of contaminated air onto the ship due to weather and movement. Also, when the Marines were embarked on some ships, the berthing options become much more limited; and the original configuration using plastic sheeting and fans had all the above issues in addition to having many potential points of failure⁴ and did not allow for safe HCP access to the patient.

Although it may seem intuitive to locate the patient isolation area within the medical department, this may pose problems, and is in general not advised. With any break in isolation technique there could be cross-contamination of medical or surgical in-patients as well as the medical department staff for the ship. The clinical work assignments should reflect a strict segregation of patient types for the HCP if at all possible. Cross-contamination of patients already physically stressed is a concern due to the possibility of a breach in technique with a further spread of disease. When reviewing the medical lessons learned from the 2009 H1N1 pandemic, it was noted that a ship, whose isolation room was located in the medical department, reflected a loss of 48 percent of their medical department staff due to the H1N1 virus infection during the peak encounter period.

5.5 USE OF HIGH-EFFICIENCY PARTICULATE AIR FILTER SYSTEMS

The second level of SQI experiments in 2010 benefitted from new HEPA filter units that were smaller and more powerful HEPA filtration units. These units could convert any enclosed space with an anteroom into a space that supports strict airborne precaution requirements. With the use of the HEPA filters as air scrubbers for both containment space and another unit used in the anteroom, no longer was location dependent on access to a weather deck. Ideally, an adjacent head is very important as body fluids will also be considered a possible contaminant.

The use of the anteroom and the HEPA filtration devices (one for the anteroom and one, depending on space size for the containment area) were easy to set up and would not require outside assistance if they were to receive instruction and practice. The set-up consisted of attaching one HEPA unit to the anteroom sleeve, plug in, and turn on. Recommend immediately securing for rough seas with, for example, a bungee cord, or line. The HEPA unit for the containment area needs to be positioned where air can freely circulate to and from the unit, plug in and turn on. Shipboard certified surge protectors are recommended.

5.6 TOPICS FOR CONSIDERATION AND RECOMMENDATIONS

Over the course of reviewing the lessons learned from the 2009 H1N1 pandemic, it was noted that some personnel were returned to duty within 24 hours after their last febrile day. In more than a few cases, this period of recovery and isolation was significantly shorter than the CDC recommendation of 7 days and the Bureau of Medicine and Surgery (BUMED) recommendation of 5 to 7 days. Although the probability of continued viral shed wanes significantly, there is still evidence that some viral shed is possible up to 7 days from the start of symptoms. Even with a low potential for further spread, the ship provides a highly opportunistic environment for further disease

³ For ship class characteristics, see Navy Warfare Publication (NWP) 4-02, Naval Expeditionary Health Service Support Afloat and Ashore (January 2008)

⁴ Naval Health Research Center, 10-13.

spread if patients are returned to duty too early. It is recommended that the guidelines from CDC/NMCPHC related to disease containment and time to return to duty should be followed.

An additional topic for consideration stems from the frequency of filter cleaning/changing in the heating, ventilation, and air conditioning (HVAC) systems aboard ship. The force of the HVAC is very powerful. If the duct system's filters are not maintained, it could possibly be a source for disease transmission. Although some viral and bacterial diseases do not live long outside an appropriate human host, others, such as TB and some fungi, have proven to be very resilient. The actual rate of maintenance varies, but it is important that the HVAC filters be regularly inspected and cleaned or replaced as indicated. Maintaining clean and functional HVAC filter systems aboard ship promotes a greater capability to reduce the spread of both airborne suspended allergens and infectious diseases, thereby producing an overall reduction in respiratory symptoms in general.

5.7 SUPPLIES, MEDICATIONS, AND USE OF PUSH-PACKS

During the 2006 SQI effort, recommendations concerning the amounts of equipment, supplies and PPE needed to support SQI were identified. These identified items could be managed as a push pack sent to the ship, just-in-time or as additional items needed for the AMAL. For reference, the recommended list of supplies, equipment and medications are provided in appendix G.

5.8 ADDITIONAL AREAS IDENTIFIED FOR FURTHER STUDY AND FUTURE EVALUATION

The following list provides recommended courses of action for further consideration:

1. Identify a specific commercial-off-the-shelf (COTS) HEPA filtration unit and anteroom that can meet identified needs and challenges for creating a patient accessible space and will support airborne infection isolation precaution requirements.
2. Study the effect of high air volume and force as created by a ship's HVAC system and the modeled deposition of simulated microbiologic particles. The TB outbreak on the USS *Ronald Reagan* (CVN 76) Tiger cruise led to concern that the TB converters were more geographically aligned with the HVAC airflow within the berthing space rather than the possible contact with the index case.
3. Review the recommendations made from the 2006 study related to AMAL additions, medication, and supply push-pack in the light of new and improved technologies, CDC, and BUMED guidance for Pandemics and infectious disease management.⁵
4. Conduct an analysis to replace the standard polymerase chain reaction (PCR) probe technique for disease diagnosis. Current technologies can run multiple assays in 10 minutes. This would give the IDC in particular, great ability to quickly and accurately diagnose important diseases before they spread and provide both the medical and line communities with a much faster turn-around time to definitive diagnosis that impacts command decisionmaking.
5. Evaluate devices that can determine the presence of pathogens on fomites and clothes. These devices enable verification that a surface or space is or is not clean and safe during the cleaning process.
6. Conduct an efficacy study on the use of the airborne infection isolation system and identify the following:
 - a. Identify where an airborne infection isolation system can be located (identify possible location sites per ship class related to footprint and infrastructure support).
 - b. Identify any ship classes that cannot accommodate the proposed systems, if any.
 - c. Can HCP safely enter and leave the airborne infection isolation space without contaminating the surrounding area (confirm air containment during entrance and egress).

⁵ Naval Health Research Center, 10-13.

- d. What are the time requirements needed for practiced persons to assemble airborne infection isolation system (including HEPA filter, signage, trash and linen receptacles, hand washing/cleaning materials, and toileting capability)? These units may be needed on short notice.
- e. Transport and en route care needs of patients with a confirmed infectious airborne disease need to be identified. Recommendations were made in 2006 and 2010 related to possibly equipping large ships with a patient transport sleeve unit similar to the one in figure 5-3. This unit enables a fully self-contained environment that accommodates IVs, ventilator tubing and oxygen in transit. There is also a special body bag that is fully self-contained, heavy duty and a bright red-orange color indicating biohazard contents for human remains.

5.9 SUMMARY STATEMENT

The use of quarantine and isolation precautions is an important and highly effective means of curtailing the spread of infectious disease and providing personnel protection. Using the procedures described in this document, Navy ships can adequately employ contact and droplet precautions. Airborne precautions, however, cannot be employed in Navy ships using current supplies. Airborne disease spread can be mitigated by a multi-layered approach using Standard precautions, non-pharmaceutical techniques, and maximizing contact isolation precautions. However, a recommendation is made for further study and process development to enable the use of effective, existing commercial-of-the-shelf technologies to bridge the current capability gap aboard ships at sea related to the lack of airborne infection isolation capability.



Figure 5-3. Biohazard patient transport unit

APPENDIX A

Infection Prevention Planning Checklist

1. Ship Policies (Sheet 1 of 4)	Practice Performed	If Answer is No, Document Plan for Remediation
a. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines, regulations, or standards.	Yes No	
b. Infection prevention policies and procedures are re-assessed at least annually.	Yes No	
c. At least one individual trained in infection prevention is aboard ship on deployments.	Yes No	
d. Supplies (AMAL) necessary for standard precautions are readily available. (Note: This includes hand hygiene products, personal protective equipment, and injection equipment.)	Yes No	

2. General Infection Prevention Education and Training	Practice Performed	If Answer is No, Document Plan for Remediation
a. Navy health care personnel (HCP) receive job-specific training on infection prevention policies and procedures according to Navy requirements.	Yes No	
b. Competency and compliance with job-specific infection prevention policies and procedures are documented through annual evaluations/assessments.	Yes No	

3. Occupational Health (Sheet 2 of 4)	Practice Performed	If Answer is No, Document Plan for Remediation
a. Navy medical staff, if embarked, are trained on the Occupational Safety and Health Administration (OSHA) blood-borne pathogen standard annually.	Yes No	
b. The Navy medical staff maintains a log of needle sticks, sharps injuries, and other employee exposure events.	Yes No	
c. Following an exposure event, post-exposure evaluation and follow-up—including prophylaxis as appropriate—are available and are supervised by a trained medical professional.	Yes No	
d. Hepatitis B vaccination given to all military HCP.	Yes No	
e. Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted after third vaccine dose is administered.	Yes No	
f. All military HCP are current for influenza vaccination.	Yes No	
g. All HCP are screened for TB annually (if negative).	Yes No	
h. Navy ships have a respiratory protection program that details required worksite-specific procedures and elements for required respirator use.	Yes No	
i. Respiratory fit testing is provided at least annually to appropriate medical personnel.	Yes No	
j. Ship has written protocols for managing/preventing job-related and community-acquired infections or important exposures aboard ship, including notification of appropriate NEPMU when applicable.	Yes No	

4. Surveillance and Disease Reporting	Practice Performed	If Answer is No, Document Plan for Remediation
a. An updated list of diseases reportable to the NEPMU is readily available to all medical personnel.	Yes No	
b. The ship can demonstrate compliance with mandatory reporting requirements for potential outbreaks.	Yes No	

5. Hand Hygiene (Sheet 3 of 4)	Practice Performed	If Answer is No, Document Plan for Remediation
a. The ship provides supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) and ensures they are readily accessible to all personnel.	Yes No	
b. Personnel are educated regarding appropriate indications for hand washing with soap and water versus hand rubbing with alcohol-based hand rub. <p style="text-align: center;">Note</p> <p style="text-align: center;">Soap and water should be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected infectious diarrhea (e.g., <i>Clostridium difficile</i> or norovirus). In all other situations, alcohol-based hand rub may be used.)</p>	Yes No	
c. The ship's medical staff periodically monitors and records adherence to hand hygiene and provides feedback to personnel regarding their performance.	Yes No	

6. Personal Protective Equipment	Practice Performed	If Answer is No, Document Plan for Remediation
a. The ship has sufficient and appropriate AMAL and PPE available and readily accessible to medical staff.	Yes No	
b. Medical staff receive training on proper selection and use of PPE.	Yes No	


7. Respiratory Hygiene/Cough Etiquette (Sheet 4 of 4)	Practice Performed	If Answer is No, Document Plan for Remediation
a. The ship has policies and procedures to contain respiratory secretions.	Yes No	
b. Post signs (with instructions to Sailors with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions).	Yes No	
c. Provide tissues and no-touch receptacles for disposal of tissues.	Yes No	
d. Provide resources for performing hand hygiene throughout ship.	Yes No	
e. Offer facemasks to coughing patients and other symptomatic persons at sick call.	Yes No	
f. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, place these Sailors in a separate area of the ship while waiting for care.	Yes No	

8. Environmental Cleaning	Practice Performed	If Answer is No, Document Plan for Remediation
a. Ship has written policies and procedures for routine cleaning and disinfection of environmental services, including identification of responsible personnel.	Yes No	
b. Training and equipment are available to ensure that medical staff wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	Yes No	
c. Cleaning procedures are periodically monitored and assessed to ensure that they are consistently and correctly performed.	Yes No	
d. The ship has a policy/procedure for decontamination of spills of blood or other body fluids.	Yes No	
e. Routine maintenance for high-level disinfection equipment is performed.	Yes No	

APPENDIX B

Commanding Officer's Quarantine and Isolation Initiation Checklist

1. Preparation and Maintain Situational Awareness	Practice Performed	If Answer is No, Document Plan for Remediation
a. Conduct drills involving scenarios as TB, pandemic flu, Ebola, radiation leak, to test the prevention, intervention, and normalization plans.	Yes No	
b. Conduct cross-training to maintain proficiency in knowledge and technical skills (e.g., donning and doffing PPE, stretcher bearers' response, buddy care and self-care, prevention of preventable injuries and diseases).	Yes No	
c. Ascertain, if possible, the assumed biologic diagnosis. Does this incident fit any potential of being a planned or terrorist attack?	Yes No	
d. Is the disease expected in this geographic region based on current medical intelligence?	Yes No	
e. Did the crewmember(s) engage in an activity that might have exposed them to a deliberate or accidental disease exposure?	Yes No	
f. Verify ship's immunization status for all personnel.	Yes No	
g. Has ship's company encountered people that originated from an area of high incidence and prevalence of communicable diseases and if so, has ship's company possibly encountered some of these people?	Yes No	
h. Does the ship have a current and specific infectious disease prevention and intervention plan?	Yes No	
i. Enhance awareness of the potential for an outbreak especially after recent travel to potentially affected areas.	Yes No	
j. Update preparedness status and identify actions needed to fill gaps. Inform chain of command of disease alert status.	Yes No	
2. Initiate Preventive Measures		
a. Mandatory use of a mask for minor respiratory illness and an N-95 mask when a crewmember(s) is suspected of exposure to a respiratory illness (e.g., TB). Follow airborne and droplet contact isolation procedures (see 2.5).	Yes No	
b. Are diseases expected in this geographic region based on current medical intelligence?	Yes No	

c. If a crewmember(s) is suspected of exposure to a droplet (e.g., propelled by a cough) disease, (e.g., measles), or contact with a surface (bulkhead/table) that has been contaminated, ascertain if other personnel were in contact with the suspected carrier or surface.	Yes No	
d. Institute deep cleaning procedures. Note Decontamination with a 0.1 percent bleach solution will reliably kill anthrax spores and everything else. Ensure personnel don PPE before applying this solution.	Yes No	
e. Treat and then decontaminate patient(s) with non-life threatening radiation contamination prior to treatment as prescribed.	Yes No	
f. Does the disease in question allow for post-exposure preventive measures?	Yes No	
g. Based on the type of disease exposure, consider setting levels of material conditions of readiness as appropriate.	Yes No	
h. Once a satisfactory level of crew protection is achieved, initial response and treatment may be based upon presumptive diagnosis and treated empirically. Do not delay treatment for lab work confirmation.	Yes No	
i. Set River City per CO direction.	Yes No	
3. Decontamination		
a. For persons suspected of having or known to have TB, shower and clean clothes prior to entering skin of ship if possible (clothes and body may be contaminated). Note N-95 respirators are required for the attending personnel. Suspected or confirmed TB patients should wear surgical masks.	Yes No	
b. Decontamination of radiation contaminated personnel with a 0.1 percent bleach solution is possible.  WARNING This should be a very rare use situation. Continued use of this solution can be harmful and is rarely warranted even after a biological attack. Ensure personnel don PPE before applying this solution.	Yes No	

4. Set Quarantine and Isolation		
a. Designate head facilities as “Sick Personnel Only.”	Yes No	
b. If additional berths are required to cohort infected personnel, vacate occupied berthing and redesignate as “Quarantine and Isolation” berthing.	Yes No	
c. Construct outer barriers/partitions prior to entering quarantine and isolation areas.	Yes No	
d. Initiate continuous cleaning in the vicinity of the quarantine and isolation area.	Yes No	
e. Based upon the number and billets of infected personnel, determine if the ship is still mission capable.	Yes No	
f. Ensure waste disposal and special laundry procedures are established in accordance with instructions and ship’s bills.	Yes No	
g. Establish special messing procedures.	Yes No	
5. Notification Procedures		
a. Communicate in a timely and clear fashion to personnel on the ship that are directly involved and need to know that the health emergency plan is being implemented (e.g., security, chaplain, the ship’s designated public health emergency officer (PHEO)).	Yes No	
b. Proper and timely notification to both the operational and Navy public health chain of command will enable a more coordinated response and support of the ship’s personnel and mission.	Yes No	
c. Submit and update DRRS-N as required.	Yes No	
6. Post-Quarantine and Isolation		
a. Thoroughly disinfect external and internal surfaces of the entire ship.	Yes No	
b. Draft after action reports (AAR) and submit lessons learned.	Yes No	

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APPENDIX C

Navy Tactical Task Library

Task Number	Task Name	Task Definition
Navy Tactical Task (NTA) 2.1	Plan and Direct Intelligence Operations	Assist tactical commanders in determining and prioritizing their intelligence requirements (IR), to enable them to plan and direct intelligence, counterintelligence, and reconnaissance operations to satisfy these requirements. This task requires oversight of the intelligence cycle process, which includes the identification, validation, and prioritization of IRs; the planning and directing of intelligence operations; planning, managing, and tasking of collection operations; processing and exploiting data; analyzing data and producing intelligence; disseminating intelligence; integrating intelligence with operations; and providing evaluation and feedback to ensure effective and efficient intelligence support to operations. (Joint Publication 2-0 (series), Joint Intelligence; Marine Corps Doctrinal Publication (MCDP) 2, Intelligence; Marine Corps Warfighting Publication (MCWP) 2-1, Intelligence Operations; Naval Doctrine Publication 2, Naval Intelligence; Navy Warfare Publication (NWP) 2-01, Naval Intelligence)
NTA 2.1.2	Determine and Prioritize Intelligence Requirements (IR)	Identify and prioritize those items of information that must be collected and processed to develop the intelligence required to fill a gap in the command's knowledge and understanding of the battlespace or enemy forces. Those intelligence requirements that are most critical or that would answer a PIR are known as essential elements of information (EEIs). (JP 2-0 (series), MCDP 2, MCWP 2-1, NDP 2, NWP 2-01)
NTA 2.2.2	Collect Tactical Intelligence on Situation	Obtain information that affects a commander's possible courses of action. Considerations include the characteristics of the area of operations and the enemy situation. Information includes threat, physical environment, health standards/endemic disease, and social/political/economic factors. This task also includes the reporting and locating of isolated or captured personnel. (JP 2-0 (series), MCDP 2, MCWP 2-1, NDP 2, NWP 2-01)

Task Number	Task Name	Task Definition
NTA 4.12	Provide Health Services	Preserve, promote, improve, conserve, and restore the mental and physical well-being of the force and other designated populations. This task includes providing emergency and routine health care to all personnel; advising commanders on the state of health, sanitation and medical readiness of deploying forces on a continual basis; maintaining health and dental records; keeping a current mass casualty plan; training personnel in basic and advanced first aid; maintaining medical intelligence information files; implementing preventive medicine measures; and ensuring combat readiness of health care personnel assigned to various wartime platforms through continuous training. This task includes facilities support for hospitals, medical laboratories, medical and dental clinics, emergency vehicle garages, ophthalmic support buildings, and rehabilitation centers. (JP 3-02, Amphibious Operations; JP 3-02.1, Amphibious Embarkation and Debarkation; JP 3-07.3, Peace Operations; JP 4-0, Joint Logistics; JP 4-02 (series), Health Support Service; JP 5-00.2, Joint Task Force Planning Guidance and Procedures; NDP 4, Navy Logistics; NWP 4-02 (series), Navy Expeditionary Health Service Support Ashore and Afloat; MCWP 4-11.1, Health Service Support Operations; Title 10 Chapter 159; DODD 4165.6, Real Property; OPNAVINST 11000.16A, Command Responsibility for Shore Activity, Land, and Facilities; OPNAVINST 11010.20G, Facilities Project Instruction)
NTA 4.12.1	Perform Triage	Classify incoming casualties by level of treatment required. (JP 4-0; JP 4-02 (series); NDP 4, NWP 4-02 (series), MCWP 4-11.1, Fleet Marine Force Manual (FMFM) 4-50, Health Service Support)
NTA 4.12.5	Provide Patient Movement	Provide capabilities for medical regulating, patient evacuation and appropriate en route care from the point of injury/illness throughout the patient care system. (JP 4-0; JP 4-02 (series); NDP 4; NWP 4-02 (series); NTTP 4-02.2M, Patient Movement; MCWP 4-11.1)
NTA 4.12.6	Provide Industrial and Environmental Health Services	Implement and monitor occupational and environmental hazard abatement measures. Task includes hazardous material management, storage, and disposal. (JP 4-0, JP 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.7	Maintain Records	Maintain health and dental records, and other documentation relating to the provision of health care. (JP 4-0, JP 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.7.1	Provide Decedent Affairs	Provide administrative decedent affair protocols. (JP 4-0, JP 4-02, NWP 4-02 series, MCWP 4-11.1)
NTA 4.12.8	Obtain and Analyze Medical Information	Review, catalog, and report information obtained in the course of current operations to include communicable diseases, epidemiological data, chemical and biological agents, and other useful information. (JP 4-0, 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)

Task Number	Task Name	Task Definition
NTA 4.12.9	Train Medical and Non-medical Personnel	Provide training in first aid, preventive medicine, and in advanced skills to support medical response to mass casualty situations and operation specific threats. (JP 4-0; JP 4-02 (series); Chairman of the Joint Chiefs of Staff Instruction 3500.01, Joint Training Policy and Guidance for the Armed Forces of the United States, 15 March 2012; NDP 4; NWP 4-02 (series); MCWP 4-11.1)
NTA 4.12.10	Provide Health Services ISO Humanitarian and Civic Affairs	Provide health services to local populace in support of humanitarian assistance, to include disaster relief and civil action programs (JP 1, Doctrine for the Armed Forces of the United States; JP 3-0, Joint Operations; JP 3-07, Stability Operations; JP 3-57, Civil-Military Operations; JP 4-0; JP 4-02 (series); NDP 1, Naval Warfare; NDP 4; NWP 3-07; Maritime Stability Operations; NWP 4-02 (series); MCWP 4-11.1)
NTA 4.12.11	Provide Medical Staff Support	Advise the commander on matters relating to the state of health, sanitation, and medical readiness. (JP 3-0, 4-0, 4-02 (series), NDP 4, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.12	Provide Theater Hospitalization	Provide theater hospitalization which includes essential care to patients and prepares patients for further disposition. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.13	Provide Emergency Medical Services	Provide emergency medical care and transport services in accordance with local, state, and national emergency medical protocols. Core functions include driving and operating ambulances, assessing situation, triaging casualties, providing in-field treatment, and transporting casualties to appropriate medical facilities. (DODI 6000.13, Medical Manpower and Personnel; DODI 6055.06, Department of Defense Safety and Occupational Health Program; OPNAVINST 11320.23G, Navy Fire and Emergency Services Program; OPNAVINST 11320.27, Navy Installation Emergency Medical Services (EMS) Program; BUMEDINST 6320.94, Prehospital Emergency Medical Services for Naval Facilities; Commander, Navy Installations Command M 11320.1, Installation Emergency Medical Services Program Manual; National Fire Protection Association 1710, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments)
NTA 4.12.14	Provide Behavioral Health Support	Provide behavioral health services. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.15	Provide Ancillary Health Services	Provide pharmacy, laboratory, radiographic, and other specialized health services to support health care functions. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.16	Provide First Responder Care	Provide initial lifesaving measures to restore breathing and circulation, stop bleeding, prevent shock, minimize infection, and immobilize fractures at point of injury. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.17	Provide Forward Resuscitative Care	Provide resuscitative, initial stabilizing care or surgery required to prepare a patient for further movement to the next level of care. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)

Task Number	Task Name	Task Definition
NTA 4.12.18	Provide Definitive Care	Provide full range of acute, convalescent, and rehabilitative care. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 4.12.19	Provide En route Care	Provide medical treatment during movement and between capabilities. (JP 4-0, JP 4-02, NWP 4-02 (series), MCWP 4-11.1)
NTA 5.3.2	Issue Planning Guidance	Provide naval planners with information to develop courses of action. This task includes guidance on the collection of intelligence to support operations and support planning. Commander's guidance may include establishing planning time lines, providing operational limitations or constraints (such as rules of engagement), establishing priorities for planning, and initiating an estimate of the situation. It also includes the development of specified and implied tasks. (JP 3-0; JP 5-0, Joint Operation Planning; JP 5-00.2; NDP 5, Naval Operational Planning; NDP 6, Naval Command and Control; NWP 5-01 Rev A, Navy Planning; MCWP 5-1, Marine Corps Planning Process; FMFM 3-1, Command and Staff Action)
NTA 5.3.3	Develop Courses of Action	Define options for completing the mission based on analysis of the mission and a determination of mission feasibility with regard to enemy forces, friendly/neutral forces, non-combatants, and environmental factors. This activity includes evaluating available resources for supporting different courses of actions. (JP 5-0, JP 5-00.2, NDP 5, NDP 6, NWP 5-01 Rev A, MCWP 5-1, FMFM 3-1)
NTA 6.1.1.1	Protect Individuals and Systems	Use protective positions, measures, or equipment to reduce the effects of enemy and friendly weapon systems and to enhance force effectiveness. This activity physically protects a military unit, area, activity, or installation against acts designed to impair its effectiveness and to retain the unit's capability to perform its missions and tasks. It includes employing local security, observation posts, and protective positioning of equipment. While moving, forces employ a variety of movement techniques designed to enhance protection (e.g., the use by maritime forces of convoys, circuitous routing, dispersal and defensive formations, and zigzag plans; includes the use by naval aircraft of routing and formations that enhance self-protection, plus individual aircraft jinking techniques). The task includes providing for passive defense in a nuclear/biological/chemical (NBC)-chemical/biological/radiological (CBR) environment. (JP 1; JP 3-0; JP 3-02; JP 3-03, Joint Interdiction; JP 3-01.4, JTTP for Joint Suppression of Enemy Air Defenses; JP 3-11, Operations in Chemical, Biological, Radiological, and Nuclear Environments; JP 3-13, Information Operations; JP 3-15, Barriers, Obstacles, and Mine Warfare for Joint Operations; JP 3-51, Joint Doctrine for Electronic Warfare; NDP 1; NDP 4; NWP 3 (series), Operations; FMFM 13, Doctrine for the Armed Forces of the United States)
NTA 6.1.1.2	Remove Hazards	Eliminate the presence of hazards to equipment and personnel. This task includes hazardous material removal, decontamination, and explosive ordnance disposal. (JP 3-0; JP 3-02; JP 3-07, Counterdrug Operations; JP 3-11; JP 3-15; NDP 1, NWP 3 (series))

Task Number	Task Name	Task Definition
NTA 6.3.2.1	Manage Enemy Prisoners of War	Collect, process, evacuate, intern, safeguard, and transfer enemy prisoners of war and civilian internees. (JP 0-2, Unified Action Armed Forces; JP 1; JP 1-05, Religious Affairs in Joint Operations; JP 3-0; JP 3-02.1, Amphibious Embarkation and Debarkation; JP 3-05, Doctrine for Joint Operations; JP 3-07 (series); JP 3-10, Joint Security Operations in Theater; JP 3-53, Doctrine for Joint Psychological Operations; JP 3-57; JP 4-0; 5-00.2; NDP 1; NWP 1-14M, The Command Handbook on the Law of Naval Operations)
NTA 6.3.2.4	Detain Personnel	Provide for the temporary detention and/or security for movement of enemy prisoners of war, civilian internees, retained personnel, enemy combatants, or designated U.S. military personnel. (JP 0-2; JP 1; JP 1-05; JP 3-0; JP 3-02.1; JP 3-05; JP 3-07 (series); JP 3-10; JP 3-53; JP 3-57; JP 4-0; JP 5-00.2; NDP 1; NWP 1-14M; OPNAVINST 3501.346, Required Operational Capabilities and Projected Operational Environment for Maritime Expeditionary Security Forces)
NTA 6.5	Perform Consequence Management	Employ all consequence management techniques available to restore combat capabilities to units and bases damaged by enemy attack or natural occurrences. (JP 1; JP 3-0; NDP 1; NDP 6; NWP 1-02, Naval Supplement to the DOD Dictionary and Associated Terms; NWP 3-20.31 Rev A, Surface Ship Survivability; NWP 3-50.1 Rev A, Navy Search and Rescue Manual)
NTA 6.5.1	Provide Disaster Relief	Deliver disaster relief, including personnel and supplies, and provide a mobile, flexible, rapidly responsive medical capability for acute medical and surgical care. (JP 1; JP 3-0; JP 3-07; JP 4-0; NDP 1; NDP 4; NWP 1-14M; NWP 3-02 (series); NWP 3-07; NWP 4-02 (series); NWP 4-04, Naval Civil Engineering Operations)
NTA 6.5.3	Provide Emergency Assistance	Perform all necessary actions required assisting another unit in responding to an enemy attack or natural occurrence. (Fleet Exercise Publication 4, Surface Force Training Manual; NWP 3-20.31 Rev A)

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APPENDIX D

Additional Medical Information

D.1 PUBLIC HEALTH EMERGENCY PREPAREDNESS AT SEA

In February, 2007, a diverse panel of experts convened by the RAND Corporation proposed the following definition: public health emergency preparedness (PHEP) is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action. For further information, see <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1854988/> 15 Feb. 2012.

The definition above resonates for both DOD and civilian interests and concerns. The goal of a robust PHEP system in the Navy is to maintain mission capability, even under adverse circumstances by protecting the Navy's most valuable assets, their personnel, ashore and afloat. The speed of disease spread in today's world has much to do with the mobility of populations. A Navy ship at sea poses unique challenges. It is a floating city of largely young, healthy people, but this floating city also possesses the heavy population density supporting rapid communicability of diseases. Although having a robust immunization program, new disease exposures, mutations, and occupational hazards create the need for organizational plans, poised for rapid initiation to mitigate or control disease spread, and protect personnel while supporting mission accomplishment. United States Navy ships touch the shores of the United States, and foreign nations. What affects the public health of those on shore can and often does impact directly or indirectly the health and, possibly, the function of the ship. Additionally, the speed of disease spread can be impressive both ashore and on the ship. Hence, the necessity for the commanding officer to stay up to date with medical intelligence for current and projected locations as well as having a disease prevention and response plan prior to deployment, tailored to his/her specific ship needs and its mission.

D.2 INFLUENZA PROPHYLAXIS

Antiviral Prophylaxis and Influenza. According to DOD Policy, all military personnel should be vaccinated for seasonal influenza who have direct patient care responsibilities or who handle clinical laboratory specimens. Vaccination might reduce the chance of illness from exposure to human influenza viruses currently circulating in the community that could lead to confusion in monitoring for novel influenza virus, such as the swine-origin influenza (S-OIV).¹

1. Influenza-Pre-exposure Antiviral Prophylaxis:

- a. Pre-exposure or outbreak antiviral prophylaxis should be reserved for only those who are providing prolonged, close, direct patient care to known cases.
- b. When considering pre-exposure antiviral prophylaxis, be sure to evaluate appropriate candidates for contraindications, answer their questions, review adverse effects, and explain the benefits.
- c. Pre-exposure prophylaxis should not be considered unless infection control practices, such as PPE are proven to be ineffective.

¹ Department of Defense (DOD), Pandemic Influenza: Clinical and Public Health Guidelines for the Military System, Novel Influenza A (H1N1) Virus in 2009 (May 2009), <http://www.health.mil/~media/MHS/Policy%20Files/Import/09-012.ashx>.

- d. Medical staff should maintain a log of health care personnel prescribed antivirals, health care personnel evaluated and not prescribed antivirals, doses dispensed, and adverse effects.
- e. Periodically evaluate and update antiviral use, consistent with the Policy for Release of Antiviral Stockpile during an Influenza Pandemic.

Note

Pre-exposure antiviral chemoprophylaxis should only be used in limited circumstances.

- 2. Follow-up of Suspected Exposures. Military personnel aboard ship who are believed to have had an exposure to an animal-origin influenza A virus or other novel influenza strain should be evaluated, counseled about the risk of transmission to others, and monitored for fever or lower respiratory symptoms as well as for sore throat, rhinorrhea, chills, rigors, myalgia, headache, or diarrhea based on the identity and virulence of the virus.
- 3. Influenza Post-exposure Prophylaxis. Conditions for use of antivirals for post-exposure prophylaxis include a known or strongly suspected close, prolonged exposure to live S-OIV for an individual not already on antivirals. An appropriate health care provider should be available to immediately perform an evaluation and dispense antivirals if the exposure occurs. Animal data suggests that many of those receiving post-exposure prophylaxis may develop immunity if they were in the incubation phase of disease when therapy was initiated. If possible, individuals receiving post-exposure prophylaxis should be tracked and tested for serological evidence of immunity following their course of therapy.²

² Department of Defense, May 2009.

APPENDIX E

Cover Your Cough

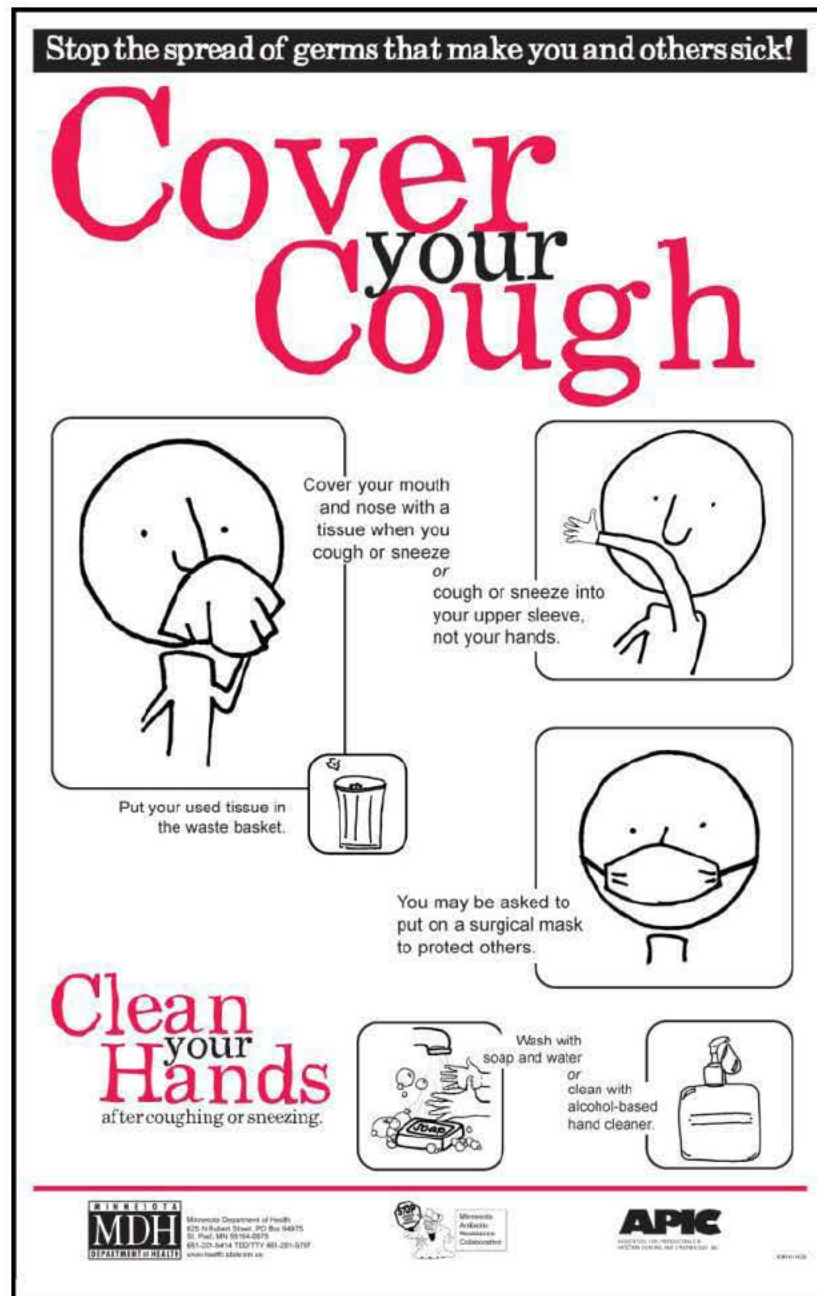


Figure E-1. Cover Your Cough

¹ CDC, Cover Your Cough, (2009), <http://www.cdc.gov/flu/protect/covercough.pdf>

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APPENDIX F

Donning Personal Protective Equipment


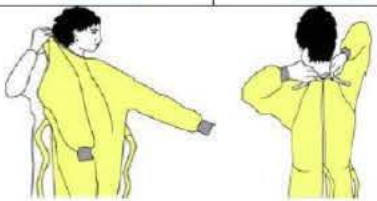


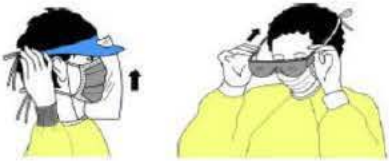

DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)		
1 Perform Hand Hygiene <i>Images courtesy of justcleanyourhands.ca</i>		
2 Put on Gown <ul style="list-style-type: none"> Select appropriate size and type Opening to the back Secure neck and waist If gown is too small, use two gowns: <ol style="list-style-type: none"> Gown #1 ties in front Gown #2 ties in back 		
3 Put on Mask <ul style="list-style-type: none"> Use a fluid resistant procedure mask or surgical mask or one step mask with attached eye protection Place over nose, mouth and chin Fit flexible nose piece over nose bridge Secure on head with ties or ear loops Adjust fit 		
Or N95 Particulate Respirator <ul style="list-style-type: none"> Select respirator according to fit testing Place over nose, mouth and chin Fit flexible nose piece over nose bridge Secure on head with top elastic followed by bottom elastic Adjust to fit Perform a fit check: <ol style="list-style-type: none"> Inhale - respirator should collapse Exhale - check for leakage around face 		
4 Put on Eye Protection <i>(Unless one step mask with attached eye protection)</i> <ul style="list-style-type: none"> Position goggles over eyes and secure to the head using the ear pieces or headband Position face shield over face and secure brow with head band Adjust to fit comfortably 		
5 Put on Gloves <ul style="list-style-type: none"> Don gloves last Select correct type and size Insert hands into gloves Extend gloves over isolation gown and cuffs 		

Figure F-1. Donning Personal Protective Equipment

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APPENDIX G

RECOMMENDATIONS FOR PROTECTIVE EQUIPMENT PUSH-PACK

G.1 INTRODUCTION

The following recommendations are for a worst case scenario of 30 percent of a 500-man crew being infected. The protective equipment (PE) will be a combination of current items with national stock numbers (NSNs) and COTS items (see figure G-1). Recommended PE needs to be available at all times on platforms as prophylactic protection for medical providers prior to the arrival of a push-pack, and how quickly a push-pack with or without additional providers, will be available to a platform needing support. The additional pages are recommended PPE and recommended equipment needed to care for patients with the medical staff currently on a ship of 500. Larger ships will require additional ventilators, monitors, etc.

G.2 ANTIVIRALS AND ANTIBIOTICS RECOMMENDED FOR TREATMENT AND PROPHYLAXIS OF OUTBREAKS

The following includes information about antivirals and antibiotic treatments and prophylaxis recommended for use during outbreaks.

G.2.1 Treatment and Prophylaxis of Influenza

Antivirals have been used for years in the treatment and prevention of influenza. In regards to treatment, antivirals may reduce the duration of illness by 1–2 days when used within the first 2 days of illness. They may also reduce complications associated with influenza in high risk populations. Prophylaxis has been typically used in institutions during outbreaks, in individuals who are at high risk for complications from influenza who have not been immunized, and in families of high risk individuals who have not been able to be immunized. During an influenza pandemic there will be key personnel who will require antivirals for treatment of infection and prophylaxis to ensure the ongoing operation of the U.S. military.

Prior to January 14, 2006, there were four Food and Drug Administration medications approved for the treatment of influenza A. These medications were amantadine, rimantidine, oseltamivir, and zanamivir. The CDC released a statement January 14, 2006, advising against the use of amantadine or rimantidine for influenza A in the United States secondary to a rise in the amount of resistance to these agents. Oseltamivir and zanamivir are currently the only recommended agents; however, limited supplies of these agents are available. These agents will also be effective against influenza B. The dose of oseltamivir for treatment is 75 mg by mouth (po) twice a day (bid) for 5 days. The dose of oseltamivir for prophylaxis is 75 mg by mouth once a day for the duration of the outbreak. The dose of zanamivir for treatment is 2 inhalations bid for 5 days. This agent is not recommended for prophylaxis.

On January 10, 2006, the Health Affairs (HA) policy 06-002 was released. This policy advises on the release of Tamiflu (Oseltamivir) during an influenza pandemic. There will be a prioritization for the release of medications for treatment and prevention. There are six tiers.

1. Tier 1 are individuals who are hospitalized due to pandemic influenza (PI).

Nomenclature	NSN	Unit of Issue
Patient Exam Gloves	6515-01-471-3582	500 per package
Face Shields Industrial	4240-00-542-2048	Each
Thermometer, Disposable	6515-01-506-5609	2000 per package
Sphygmomanometer, Disposable (Single patient use)	COTS may have NSN	Each
Stethoscope, Disposable	6515-00-080-4582	12 per package
Protective Gowns Water Resistant	6532-01-325-7095	50 per package
Powered Air Purifying Respirator (hooded)-Breathe Easy (BE) 10 Butyl Rubber Hood Systems	4240-01-496-1938	Each
5 Station NiCad Battery Pack Charger	4240-01-418-2569	Each
3M CBRN Gas Mask Filter Cartridge	COTS-GSA	20 per case
Suction Catheters-whistle Tip	6515-00-458-8411	50 per package
754 Impact Ventilator V Volume	6530-01-455-1653	Each
Ventilator Circuits	6515-01-466-1195	15 per package
Impact Suction Equipment	6515-01-435-0050	Each
Suction Canisters with Lids	6515-01-449-3193	10 per package
Suction Tubing Connector	6515-01-389-6158	50 per package
Resus Hand Operated	6515-01-204-5394	Each
Foley Cath Kit	6515-01-153-6034	10 per box
ET Tube Holder	6515-01-469-7217	100 per box
Propac Monitor w SPO2/Printer/End-Tidal Carbon Dioxide (ETCO2), EKG, etc.	6515-01-432-2711	Each
Univent Low Flow Adaptor	6515-01-518-5060	15 per package
ETCO2 Propac Connector	COTS part # 01050183	10 per box

Figure G-1. Protective Equipment Nomenclatures, National Stock Numbers and Units of Issue

2. Tier 2 are personnel necessary to respond to global military contingencies and provide health care for force structure. This tier is further subdivided into A–C.
 - a. A are personnel required to maintain national strategic and critical operational capabilities as defined by the Joint Staff (JS).
 - b. B is deployed forces engaged in or supporting armed conflict.
 - c. C is personnel necessary to maintain a functioning health care system.
3. Tier 3 is non-deployed forces on alert or designated to conduct critical contingency operations as defined by JS.

4. Tier 4 is personnel necessary to maintain critical mission-essential capabilities at each organizational level.
5. Tier 5 is all other Active Component or mobilized Reserve Component personnel.
6. Tier 6 is all other beneficiaries who develop PI and do not require hospitalization. Acquisition of oseltamivir will be through the Assistant Secretary of Defense.

In the event of a pandemic it is assumed in the civilian sector that there will be a 30 percent attack rate. Ten percent of infected individuals will be hospitalized. Infection rates will be higher on ships and in barrack situations. Attack rates could be as high as 95 percent. Total prophylaxis should not exceed one third of the total DOD stockpile.

Pneumonia is one of the potential complications of influenza. It is estimated that 25 percent of those with influenza may develop a bacterial pneumonia as a superinfection. The most common bacterial causes of post-influenza pneumonia are *Streptococcus pneumoniae* and *Staphylococcus aureus* (MSSA and MRSA). A supply of antibiotics is critical for treatment of this potential complication. Ceftriaxone, azithromycin, doxycycline, and gatifloxacin are the antibiotics that should be available in a sufficient quantity to treat streptococcal pneumonia. A small supply of linezolid should be available to treat the occasional cases of methicillin-resistant *Staphylococcus aureus* (MRSA) pneumonias.

G.2.2 Avian Influenza

Treatment of avian influenza is yet unclear. Oseltamivir and zanamivir have activity against avian influenza. The efficacy of the two agents that have activity against the circulating strains of H5N1 is not entirely clear. The typical dose of oseltamivir for influenza is usually 75 mg po bid. It appears that this dose may not be sufficient for avian influenza. There is limited data that 150 mg po bid may be more effective. Unfortunately there are now some isolated cases of avian influenza strains with resistance to oseltamivir. Zanamivir may be effective in these cases of resistance. Both of these agents are available in limited supply and are only available in large quantities through the Assistant Secretary of Defense. Prophylaxis against avian influenza is not yet defined. The development of an effective vaccine is essential. Vaccine clinical trials are currently ongoing. Until an effective vaccine and treatment is available, infection control will be the key to prevention.

G.2.3 Biologic Agents

Biologic agents that could be used in the event of a bioterrorism event include tularemia, anthrax, melioidosis, plague, smallpox, and hemorrhagic fevers.

Ciprofloxacin and doxycycline would be active against tularemia, anthrax, melioidosis, and plague. Anthrax prophylaxis would need to be for 60 days. Prophylaxis against the other agents would be for 14 days.

Smallpox is another potential agent that could be released. This agent appears to respond to cidofovir in animal studies. Cidofovir is expensive and is a potential nephrotoxin. It should be administered in a setting where renal function can be monitored. The dose is 5 mg/kg IV weekly for 2 doses. One hundred doses per cache should be available for a presumed attack rate of 10 percent.

Hemorrhagic fevers such as Lassa fever and Crimean-Congo hemorrhagic fever may respond to ribavirin. The dose is 30 mg/kg for one dose, then 15 mg/kg every 6 hours for 4 days, then 7.5 mg/kg for 6 days.

Instead of designing a cache of medications that would serve only a large ship, it would be advisable to design a cache of medications that should be sufficient to serve 500 people. An aircraft carrier would probably need 10 caches while a destroyer would need only one. Given the expense of these medications it would be advisable that these medications are stored in a pharmacy at certain identified large military medical centers. Additional supplies could accompany an Infectious Disease consultant who would potentially be called in to assist with the outbreak situation.

G.3 EQUIPMENT INFORMATION

The following includes information about two types of protective equipment.

G.3.1 3M Breathe Easy 10 Hood System

These systems reduce weight without compromising performance. The powered air- purifying respirator (PAPR) is ideal for First responders. This system provides continuous flow of filtered air to the wearer. The hood can be worn with facial hair and glasses and meets military standard MIL-C-51251A for resistance to chemical and biological weapons. The system is National Institute for Occupational Safety and Health (NIOSH)-approved. NSN: 4240-01-496-1938

Butyl rubber hood used on 3M Breathe Easy 10 Powered Air Purifying Respirator (PAPR) Systems. Chemical resistant material provides high level of airflow while providing excellent vision and accommodates facial hair and glasses. Belt included.

Available with a disposable lithium battery or rechargeable NiCad battery (single or multi station charger sold separately).

G.3.2 3M Chemical, Biological, Radiological, and Nuclear Gas Mask Filter Cartridge FR15

A single DIN-threaded cartridge that has the brand new NIOSH CBRN-approved filter providing first responders with effective respiratory protection against CBRN agents that might be used in a terrorist attack. The CBRN NIOSH approval standard is the most comprehensive was implemented by the federal government in 2004.

As a “Cap 1” approved canister, the FR-15-CBRN is tested by NIOSH to have a minimum test life of 15 minutes against contaminants and concentrations shown in the table. Gas life tests are performed at 25 degrees Celsius; 25 and 80 percent relative humidity; and a flow rate of 64 liters per minute. The canister also has a minimum service life of 5 minutes when tested at a flow rate of 100 liters per minute, 50 percent relative humidity and 25 degrees Celsius for each of the gases/vapors in the table. Service life in actual use may be shorter or longer depending on many factors including contaminant concentration.

REFERENCES

Bureau of Medicine and Surgery Instruction (BUMEDINST) 3500.5 (7 September 2010), Pandemic Influenza Planning Policy

BUMEDINST 6220.12C (27 September 2011), Medical Surveillance and Medical Event Reporting

BUMEDINST 6224.8B (21 February 2013), Tuberculosis Control Program

BUMEDINST 6230.16 (21 February 2013), Malaria Prevention and Control

Department of Defense Directive 6200.3 (12 May 2003), Emergency Health Powers on Military Installations

Department of Defense Instruction 6200.03 (5 March 2010), Public Health Emergency Management Within the Department of Defense

Joint Chemical, Biological, Radiological, and Nuclear Combat Developer for Experimentation, Joint Experimentation and Analysis Division; Shipboard Isolation and Quarantine Concept Experiment Final Report (18 March 2011), pages G25–G52

Joint Publication (JP) 2-0 (series), Joint Intelligence

JP 3-0, Joint Operations

JP 3-07, Stability Operations

JP 3-57, Civil-Military Operations

JP 4-0, Joint Logistics

JP 4-02 (series), Health Service Support

Marine Corps Doctrinal Publication (MCDP) 2, Intelligence

Marine Corps Warfighting Publication (MCWP) 2-1, Intelligence Operations

Naval Doctrine Publication (NDP) 1, Naval Warfare

NDP 2-0, Naval Intelligence

NDP 4-0M, Naval Logistics

Navy Medical Command P-5055 (August 2001), Radiation Health Protection Manual

Naval Health Research Center Document No. 10-13 (2010), Final Analysis Report: Shipboard Isolation and Quarantine Program (SIQ-P) Aboard Aircraft Carriers

NTTP 4-02.2M/MCRP 4-11.1G, Patient Movement

Navy Warfare Publication (NWP) 2-01, Intelligence Support

NWP 3-07, Maritime Stability Operations

NWP 4-02, Naval Expeditionary Health Service Support Afloat and Ashore

NWP 5-01 (December 2013), Navy Planning

Office of the Chief of Naval Operations (OPNAV) P-45-113-3-99 (June 1999), Afloat Medical Waste Management Guide, Chief of Naval Operations Environmental Protection, Safety and Occupational Health Division

Chief of Naval Operations Instruction (OPNAVINST) 5090.1C (30 October 2007), Environmental Compliance Afloat

OPNAVINST 6210.2 (29 June 2006), Quarantine Regulations of the Navy

Buff, A., "Tuberculosis Aboard U. S. Navy Ships: A Presentation aboard the USS *Kearsarge* (2008)," *United States Public Health Service (USPHS) Centers for Disease Control and Prevention (CDC)* (2006)

Garner, J. S., "Guideline for isolation precautions in hospitals," *The Hospital Infection Control Practices Advisory Committee, JSTOR, Chicago Journals, Infection Control and Hospital Epidemiology* (1996): 17(1): 53-80

Jensen, P. A.; Centers for Disease Control and Prevention et al, "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-care Settings, 2005," Atlanta, GA: *U.S. Department of Health and Human Services, Public Health Service*, 2005

Miller-Keane, B. F. Miller, et al; *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, 7th Edition*, (Elsevier Health Sciences, 2005)

Ryan, M. A. K., R. S. Christian, et al, "Handwashing and Respiratory Illness Among Young Adults in Military Training," *American Journal of Preventive Medicine* (2001): 21(2): 79-83

Sehulster, L. and R. Y. Chinn, "Guidelines for environmental infection control in health-care facilities. Recommendations of CDC and the Health care Infection Control Practices Advisory Committee (HICPAC)," *Morbidity and Mortality Weekly Report Recommendations and Reports* (2003): 52(RR-10): 1-42

CDC, Cover Your Cough, (2009),
<http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcp/hcpperposter.html>

Department of Defense (DOD), Pandemic Influenza: Clinical and Public Health Guidelines for the Military System, Novel Influenza A (H1N1) Virus in 2009 (May 2009),
<http://www.health.mil/~media/MHS/Policy%20Files/Import/09-012.ashx>

Navy and Marine Corps Public Health Center Quick Hits, Navy Medicine Influenza Surveillance and Response Guidance, (December 2011), <http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx>

Siegel, J. D., E. Rhinehart, et al; *American Journal of Infection Control* 2007/12/11; 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings (December 2007). Retrieved 10 Suppl 2, 35, from <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

GLOSSARY

- Airborne infection isolation (AII) room.** Formerly, negative pressure isolation room, an AII room is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. (NAVMEDCEN SDIEGO INST 6220.1D)
- cohorting.** In the context of this guideline, this term applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients (cohorting patients). (NAVMEDCEN SDIEGO INST 6220.1D)
- decontamination.** The process of making any person, object, or area safe by absorbing, destroying, neutralizing, making harmless, or removing chemical or biological agents, or by removing radioactive material clinging to or around it. (Joint Publication (JP) 1-02. Source: JP 3-11)
- droplet nuclei.** Microscopic particles less than 5 µm in size that are the residue of evaporated droplets and are produced when a person coughs, sneezes, shouts, or sings.
- high-efficiency particulate air (HEPA) filter.** An air filter that removes more than 99.97 percent of particles more than 0.3µm (the most penetrating particle size) at a specified flow rate of air.
- infectious medical waste.** Infectious medical waste is liquid or solid waste that contains pathogens in sufficient numbers and with sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste. (OPNAV P-45-113-3-99)
- personal protective equipment (PPE).** The equipment provided to shield or isolate a person from the chemical, physical, and thermal hazards that can be encountered at a hazardous materials incident. Personal protective equipment includes both personal protective clothing and respiratory protection. (JP 1-02. Source: JP 3-11)
- public health emergency.** An occurrence or imminent threat of an illness or health condition, caused by biological warfare or terrorism, epidemic or pandemic disease, or highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or severe disabilities.
- restriction of movement.** A form of quarantine unique to the military and most applicable to operational forces, in which movement of a unit, or intermingling of units, is restricted, to prevent the transmission of communicable disease. (BUMEDINST 3500.5)
- social distancing.** In pandemic planning, a series of activities designed to reduce transmission of a communicable disease, such as: avoiding hand-shaking, maintaining greater than usual personal space from other people, canceling public gatherings, implementing teleworking policies.
- standard precautions.** In quarantine and isolation operations, a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status
- surgical mask.** A device worn over the mouth and nose by health care personnel to protect from transfer of micro-organisms, body fluids, and contact with large infectious droplets (more than 5 µ in size).
- universal precautions.** In a quarantine and isolation operations an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious.

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LIST OF ACRONYMS AND ABBREVIATIONS

AMAL	authorized medical allowance list
AII	airborne infection isolation
BUMED	Bureau of Medicine and Surgery
BUMEDINST	Bureau of Medicine and Surgery instruction
CBRN	chemical, biological, radiological and nuclear
CDC	Centers for Disease Control and Prevention
CO	commanding officer
CONUS	continental United States
COTS	commercial off-the-shelf
DOD	Department of Defense
DODD	Department of Defense directive
DODI	Department of Defense instruction
ETCO2	end-tidal carbon dioxide
FMFM	Fleet Marine Force manual
HCP	health care personnel
HEPA	high-efficiency particulate air
HVAC	heating, ventilation, and air conditioning
ID	infectious disease
IDC	independent duty corpsman
JP	joint publication
JPEO	Joint Program Executive Office
MCDP	Marine Corps doctrinal publication
MCWP	Marine Corps warfighting publication
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>

NDP	naval doctrine publication
NEPMU	Navy environmental and preventive medicine unit
NIOSH	National Institute for Occupational Safety and Health
NMCPHC	Navy and Marine Corps Public Health Center
NTA	Navy tactical task
NTRP	Navy tactical reference publication
NTTP	Navy tactics techniques and procedures
NWDC	Navy Warfare Development Command
NWP	Navy Warfare Publication
OCONUS	outside the continental United States
PHEP	public health emergency preparedness
PHEO	public health emergency officer
PPE	personal protective equipment
SARS	severe acute respiratory syndrome
SMO	senior medical officer
SOFA	status-of-forces agreement
SOIV	swine-origin influenza virus
SQI	shipboard quarantine and isolation
SUPPO	supply officer
TB	tuberculosis
XO	executive officer

LIST OF EFFECTIVE PAGES

Effective Pages	Page Numbers
SEP 2014	1 thru 16
SEP 2014	1-1 thru 1-4
SEP 2014	2-1 thru 2-14
SEP 2014	3-1 thru 3-8
SEP 2014	4-1 thru 4-12
SEP 2014	5-1 thru 5-6
SEP 2014	A-1 thru A-4
SEP 2014	B-1 thru B-4
SEP 2014	C-1 thru C-6
SEP 2014	D-1, D-2
SEP 2014	E-1, E-2
SEP 2014	F-1, F-2
SEP 2014	G-1 thru G-4
SEP 2014	Reference-1, Reference-2
SEP 2014	Glossary-1, Glossary-2
SEP 2014	LOAA-1, LOAA-2
SEP 2014	LEP-1, LEP-2

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NTRP 4-02.10
SEP 2014

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Physician Assistant**

On 10 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: (b) (6), USN

Position: Physician Assistant, USS THEODORE ROOSEVELT (CVN 71)

Email Address: (b) (6)@cvn71.navy.mil

Phone(s): (b) (6) (cell)

Prior to arriving in Da Nang, we had a pretty intense outbreak of norovirus; although I can't confirm it was norovirus, but it definitely fits the "double dragon" profile. It started not too long after we took off. I remembered it around Super Bowl Sunday and it quickly escalated a day or two later. It got pretty bad during our first port in Guam. We had up to 50 to 60 people in sick call per day. To address it, step 1 was education. The DCLCPO and SMO put out education about hand washing to the crew. The treatment plan was to bolster over the counter medications. We began using bleach and implemented "bleachapalooza", doing it twice-a-day but I'm not sure if or when that stopped. We distributed hand sanitizer dispensers around key areas like the galleys. We began having CSs serve food instead of allowing self-serve. It all seemed to work pretty well and broke the tide of infections. Once we hit Da Nang, Vietnam, we curbed it. We did continue bleachapalooza. SMO pushed it and CO liked it as it seemed to have helped. From what I remember it was continued twice-a-day. If there was a stopping point, I don't remember it off my head. I honestly don't think we stopped.

In Da Nang, I went on liberty the first two days in port. We got in on a Thursday and on Saturday I was the duty doc. The liberty boats were getting banged up because the sea conditions were rough. We were not running boats Friday night and I went in on Saturday morning as the duty doc. Around midnight that night, the CDO notified me that there was potential COVID-19 exposure at one of the hotels our sailors were staying in, but the CDO didn't know the extent of the exposure at the time. By Sunday, they wouldn't let people off the ship. I was out on the weather deck, and sea conditions were rough. The Boatswain Mates were phenomenal. It was all hands on deck helping out.

As far as tracking COVID-19, the medical department had been prepping pretty early on in the reports and as a department we kept on it and stayed on top of the literature, as early as late January or early February. Coming in to Vietnam, we knew that there was a risk of an outbreak. We knew Vietnam was considered "low risk," but as a medical department, we have training in epidemiology understood the risk that Vietnam, being a neighbor of China and popular vacation destination, may have been under-testing or under-reporting infections.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physician Assistant

Probably about two weeks prior, we started developing a plan of action by monitoring signs and symptoms, managing the flow of information and foot traffic through medical, keeping track of patients and where they're at. We didn't have COVID-19 testing at the time, but we had rapid flu and rapid strep. We had a plan of action and put it all on paper and power points. We started recording names of potentially exposed sailors and close contacts, donned PPE, started waking up patients, and moving them to the pre-planned quarantine area. At that point, there were a lot of email comms coming through. We put a Task Force together with the CDC rep, the CDO and myself in a group email that we could utilize to push information. We followed the CDC guidance, reviewed the medical literature including small studies in China, and referenced the New England Journal of Medicine. And the cruise line article was put out; that was the one most commonly cited, as it was really the one that pertained most to our situation that we could have used to implement measures onboard. We referenced the DoD/DoN quarantine guidance and the NMCPHC guidance often as well.

When we had close contact sailors near the British positive cases, at that time we were particularly concerned about fever as it was the most common reported symptom in the literature. Of course, we now know that's not necessarily the case. But at the time, I thought we had a great plan in place and we put a lot of work and effort into it. Because of the plan we had in place, I was confident that we could manage the isolated cases. We knew where to put positive cases, we had procedures for patient flow, got with supply and got them food and water. I was thankful that we had a plan in place and really proud of the package we put together.

Outside of medical, in the days after Da Nang, word got out quick that people were in quarantine and that if anyone had flu-like symptoms, they needed to report to medical. We put out info as best we can. In particular we put signs all over the ship, especially major high traffic areas, and the mentioned it in the weekly bulletin. We took a top-down approach for departments to monitor for symptoms. I believe we were still doing twice a day cleanings, but I can't recall for sure. From that perspective, we were monitoring those in quarantine and educating the different departments.

We got a microbiologist onboard out of Maryland, and they had specific testing equipment for COVID-19 and respiratory viruses. We were looking for flu-like symptoms; the ones we did get, we tested on a respiratory panel. SMO had worked this out to get the microbiologist and lab techs before we were in Vietnam. "We've got to prepare for the worst" is what SMO told us. We were preparing as if Coronavirus was going to make it on the ship.

We didn't know, and it wasn't reported in the literature at the time, to look for other specific symptoms and to test people that probably should have been tested, such as for loss of smell or taste. On the morning of the 24th, I was the duty doc and when I reported in the morning I saw the back area of medical cordoned off with plastic taping and corpsmen in full PPE and knew something was wrong. The corpsman and the IDC told me that they had two positives and that changed everything.

The gyms were not closed immediately after Vietnam, and we were still looking like Vietnam was not a high risk country. Mask requirements hadn't been implement yet. After

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our first positive cases, we moved toward social distancing and the gyms got shutdown quickly after our first positive cases. We made changes to the chow lines, like putting tape on the floor and spreading out the time when people went to eat. We shut down the Chiefs Mess to use for ROM patients.

SMO is fantastic. I've been in the military over 20 years, I was a SAR Corpsman for a long time, civilian nurse for a few years, then got commissioned, so I've worked with many SMOs and I'll say this SMO does a great job of passing the word to us and getting the word out. He kept us briefed constantly. He values our inputs and experience as providers and reinforces teamwork. He was receptive to our ideas and told us we needed to develop a plan. I didn't envy his job at the time. He deflected a lot of requests for information and taskers from above and outside our command so we could focus on the task at hand. He was relaying policy changes and taskers to us. When we got new info from different journals, we shared it amongst ourselves. We anticipated that we would be pulling in to Guam under different conditions for maintenance with reactors, but I was not involved in any planning about pulling in to Guam. I was too involved in the day to day patients and my focus was on the people right in front of me.

In medical, we split off into roles—surgeon would do screening and I would do treatment plans. Doc (b) (6) was working on patient tracking. She completely moved into patient regulation. I worked more of the clinical aspects in medicine. I'm also director of ancillary services including the pharmacy, lab, and X-Ray, and was responsible for ensuring that people had enough meds and were able to get their meds off-ship. The lab had gone crazy with testing. For treatment plans, it was primarily OTC meds, treating a lot of people with mild or moderate symptoms for the COVID-specific patients. For the people we weren't testing – we only had certain test kits, and started running low on test kits pretty quickly. They were coming in with common cold symptoms, but no fever, so we treated them for what we suspected based on our clinical judgement.

I do not recall an uptick in flu-like symptoms after leaving Vietnam but do not think we had one. We were caught off guard when we had our first positives because we had been expecting it immediately after leaving Vietnam instead of two weeks later. Doc (b) (6) mentioned having patients with loss of taste and/or smell before our outbreak occurred, that some of his Air Wing guys had lost their sense of smell. I gave him the info for the IHO to test the air quality as we suspected something environmental as it wasn't a reported COVID symptom at the time. We talked about that afterwards and that was their only symptoms. We had several of those cases. This was before our first positive COVID-19 and before we knew that was a symptom to look for.

I was part of the skeleton crew that stayed behind on the TR when we were in Guam. We developed a list of hospitalized and ICU patients. I can't be certain, but I'd guess there were 30 to 50 that got admitted altogether. For ICUs, maybe about 10. A couple who were non-COVID-19 issues were put in the ICU.

I'm aware of the letter but I didn't know much about it when it was being put together. The providers often got together, and our big concern was that the CDC, NMCPHC guidance, and

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the cruise ship studies all talked about the need for PPE, social distancing and getting people into isolation. PPE we could do, but isolation and social distancing was near impossible. All of us providers, including the TAD preventive med physician and microbiologist were concerned about this. Plans for isolation frequently changed, including at one point being informed by our chain of command that we would be headed to Okinawa for isolation. I chose not to participate in writing the letter. I've been in a long time and I understand the repercussions about putting pen on paper. I think the chain of command knew what was going on as SMO was certainly pushing our concerns for the need to isolate sailors up so I didn't see an immediate benefit. I also know that these things take time. We're heading to Guam and I think that my experience here helped -- I spent three years in Guam and I understand the political repercussions. We can't just force the island to put us in hotels. It's up to the island, not to us. They didn't really ask me to sign. No one was really asked to sign. I brought it up with the group, that this is a 5,000 person carrier ship, where are they going to put us? There's some intense history with Guam and the Navy. I think I understood the issue more than my peers because of my time here. I also worked at the civilian hospital in Guam, so I understood the local infrastructure.

I feel the provider concerns for the need to rapidly get us off the ship were valid. For example, the skeleton crew and I didn't move off the ship until over a month after the first positive test though we were just as susceptible to getting infected as anybody else. There were 12 of us onboard that remained in the skeleton crew. SMO went into isolation on the ship. He had his own stateroom and head. The ones left, flight surgeon, chief, LT (b) (6), and the rest were Corpsmen. One ended up testing positive, so he left. The other medical staff left a couple weeks after we got to Guam.

The last thing I'll say, in medical, we felt like we were drowning however I was proud of the team and felt like we rose to the challenge. The situation was unprecedented, we have the luxury of hindsight with the symptoms, and a lot of the processes and guidance were chaotic, but we did the best we could with the information and resources we had.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief. (b) (6)

(Witness' Signature) (b) (6)

18 May 2020 1730
(Date) Time

Name of Interviewer: CDR (b) (6), USN

Also, during the course you mentioned that some individuals who presented to Doc (b) with the loss of smell and/or loss of taste prior to the 23rd of 24th of March. If you recall that, can you address the following specific questions in your statement?

1. Please give us the date and time that you were notified of their symptoms?

LT (b) consulted with me about 2-3 sailors who all reported developing a loss of smell for a couple days. I believe this was on 23 March 2020 in the evening though am unsure of the time.

2. What unit were the sailors who had those symptoms from, and were they part of the same work space?

They were from the same workspace though I cannot recall the unit.

3. Did they later present with typical symptoms of COVID-19?

I do not know as I did not know their names and did not evaluate them.

4. Do you know whether they tested positive at a later time?

Unknown.

5. Do you know whether the subject individuals went ashore in Vietnam or whether they flew in by COD after TR's departure from Vietnam?

Unknown

6. If you cannot recall these details, but have a contact who can give more details please pass along their information.

I was consulted by LT (b) (6) (flight surgeon) who has recently separated from service.

USS Theodore Roosevelt and USS Pinckney Arrive in Guam for Scheduled Port Visit

By USS Theodore Roosevelt (CVN 71) || Feb. 7, 2020

Photos



The aircraft carrier Theodore Roosevelt (CVN 71) transits Apra Harbor as the ship prepares to moor in Guam. Theodore Roosevelt Is in Guam for a port visit during their scheduled deployment to the Indo-Pacific.

(Photo by Mass Communication Specialist 3rd Class Terence Deleon Guerrero)

The aircraft carrier USS Theodore Roosevelt (CVN 71) and guided missile destroyer USS Pinckney (DDG 91) arrived in Guam for a port visit Feb. 7.

While in Guam, Theodore Roosevelt and Pinckney are planning to conduct multiple community relations projects, shipboard tours and sporting events. Sailors will also have the chance to experience highlights of the area and local sights through tours organized by the ships' Morale, Welfare, and Recreation programs.

"Guam has a long history with the U.S. Navy and is very important to the operations we support in the Pacific," said Capt. Brett Crozier, commanding officer of Theodore Roosevelt, "It is our privilege to visit and experience that history and shared culture first hand."

Approximately 6,000 Sailors will be in port Guam during the visit. More than 20 Sailors currently aboard

Theodore Roosevelt are from Guam, including Air Traffic Controller 1st class Jolyn Sannicolas. Those Sailors were given the opportunity to depart the ship first and reunite with their families.

SEP“It’s such a relief to come back home,” said Sannicolas, “While it will be heartwarming to spend time with my family, I’m most excited for our shipmates to be able to experience the culture, food, and scenic areas the island of Guam has to offer; Go to the beach, be adventurous, try new things, and make the most that you can out of this port but most of all be smart and stay safe!”

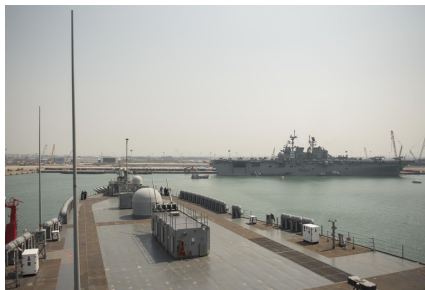
Theodore Roosevelt and Pinckney, part of the Theodore Roosevelt Carrier Strike Group, left their homeport of San Diego, Calif., Jan. 17 for a regularly-scheduled deployment to the U.S. 7th Fleet area of responsibility.

SEPSEPFor more information, visit <http://www.navy.mil>, <http://www.facebook.com/usnavy>, or <http://www.twitter.com/usnavy>.

Blue Ridge, 7th Fleet Staff Arrive in Thailand

By USS Blue Ridge Public Affairs || Feb. 23, 2020

Photos



LAEM CHABANG, Thailand (Feb. 23, 2020) - U.S. 7th Fleet flagship USS Blue Ridge (LCC 19) arrives in Laem Chabang, Thailand for a regularly scheduled port visit. During the visit, Sailors will engage with the local culture, host military-to-military engagements and build relationships through music and public service activities. **(Photo by Mass Communication Specialist 3rd Class Aron Montano)**

LAEM CHABANG, Thailand (Feb. 23, 2020) - U.S. 7th Fleet flagship USS Blue Ridge (LCC 19), along with the embarked 7th Fleet staff, arrived in Laem Chabang, Thailand for a scheduled port visit as part of their continuing mission of relationship-building in the Indo-Pacific region.

The visit gives the combined Blue Ridge/7th Fleet team a chance to continue its standard of giving back to Thai citizens, with community relations and 7th Fleet Band hosting performances in the community. In addition, 7th Fleet leadership will take part in a series of staff talks for professional exchanges with their Thai counterparts.

Blue Ridge's last visit to Thailand was in April 2019. Capt. Craig Sicola, Blue Ridge's commanding officer says this visit underscores U.S. Navy's continued commitment to Thailand.

"It's been nearly a year since our last visit, and while that may seem like a short amount of time for those who were here last April, the landscape in the region is ever changing, so it's important to show that we are still here, still relevant and committed to the people of Thailand," said Sicola.

Part of the foundation of commitment comes with opportunities for Blue Ridge and 7th Fleet personnel to give back to the community. A portion of Blue Ridge and 7th Fleet Sailors will support community relations (COMREL) events. Sailors will also have an opportunity to experience Thai culture through numerous tours offered by the ship's Morale, Welfare and Recreation (MWR) program such as elephant riding and visits to cultural sites.

"Thailand offers so much for our Sailors to learn about a new culture and enrich themselves by being an active participant in the community," said Lt. James Hicks, Blue Ridge's chaplain. "We're very humbled for the opportunity to immerse ourselves into the community and in the process give back something in exchange."

The COMREL opportunities will allow Sailors to contribute to Thailand youths through a two separate events hosted by local charitable organizations in the area, where Sailors will dedicate time interacting with children through games and fun-filled activities.

As 7th Fleet's flagship, Blue Ridge, provides a mobile command and control capability throughout the Indo-Pacific. Blue Ridge is commanded by Capt. Craig Sicola and serves under Expeditionary Strike Group 7/Task Force 76, the Navy's only forward-deployed amphibious force.

USS America, Green Bay Arrive in Thailand for Cobra Gold

By MC3 Vincent E. Zline | USS America | Feb. 24, 2020

Photos



From left to right, U.S. Marine Col. Robert Brodie, 31st Marine Expeditionary Unit commanding officer, Royal Thai Navy Capt. Arpa Chapanon and U.S. Marine Capt. Luke Frost, amphibious assault ship USS America (LHA 6) commanding officer, pose for a photo during a welcoming ceremony Feb. 22 at Laem Chabang Port, Thailand. A welcoming ceremony was held for 31st MEU and USS America (LHA 6) Expeditionary Strike Group before the start of Exercise Cobra Gold 2020, which is the largest joint multinational military exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region for a free and open Indo-Pacific.

(Photo by Staff Sgt. Monik Phan)

Royal Thai Navy seamen observe the amphibious assault ship USS America (LHA 6) during a



welcoming ceremony, Feb. 22, 2020, at Laem Chabang, Thailand. A welcoming ceremony was held for 31st Marine Expeditionary Unit and the America Expeditionary Strike Group before the start of Exercise Cobra Gold 2020. Cobra Gold is the largest joint multinational military exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region for a free and open Indo-Pacific.

(Photo by Staff Sgt. Monik Phan)



U.S. 7th Fleet flagship USS Blue Ridge (LCC 19) arrives in Laem Chabang, Thailand for a regularly scheduled port visit. During the visit, Sailors will engage with the local culture, host military-to-military engagements and build relationships through music and public service activities. Blue Ridge, with embarked 7th Fleet

staff, is on patrol, strengthening relationships with U.S. allies and partner nations while providing advanced communication capabilities and supporting Theater Security Cooperation across the Indo-Asia Pacific region **(Photo by U.S. Army photo by Staff Sgt. Monik Phan)**



Soldiers assigned to the 25th Infantry Division enjoy their last bit of time on Schofield Barracks, Hawaii prior to departing for Thailand as part of the Pacific Pathways mission on Feb. 19, 2020. Pacific Pathways is an operation conducted by U.S. Army Pacific in order to train alongside and strengthen relationships with allied and partner militaries. **(Photo by Sgt. Ryan Jenkins)**

LAEM CHABANG, Thailand -- Ships from the America Expeditionary Strike Group (ESG) arrived with the embarked 31st Marine Expeditionary Unit (MEU) for port visits to Thailand in preparation for exercise Cobra Gold 2020, Feb. 22.

Cobra Gold is a Thailand and United States co-sponsored Combined Joint Task Force and joint theater security cooperation exercise annually conducted in the Kingdom of Thailand. CG 20 will be held Feb. 25 to March 6.

“Working with our Thai partners during exercise Cobra Gold is a superb opportunity for us to hone our amphibious and expeditionary combat skills,” said Rear Adm. Fred Kacher, commander of Expeditionary

Strike Group 7. “In this 39th iteration of this exercise, we are truly demonstrating what the U.S. Navy-Marine Corps team and the power of partnership offer this extraordinarily vital part of the world.”

The amphibious assault ship USS America (LHA 6) arrived in Laem Chabang and dock landing ship USS Green Bay (LPD 20) in Chuck Samet. Members of the Royal Thai Armed Forces welcomed America and Green Bay presenting Phuang Malai, or Thai flower garlands, to the commanding officers of both ships.

While in Thailand, Sailors and Marines will interact with their Royal Thai Armed Forces counterparts and engage in planning and interoperability events including ship tours, capability briefs, and exercises designed to give both teams a clear understanding of each other’s processes.

This year’s exercise will consist of three primary events: a command post exercise, humanitarian civic assistance projects, and a field training exercise that includes a variety of training events to enhance interoperability and strengthen regional relationships. There will be up to 29 nations either directly participating in or observing CG 20, with approximately 4,200 U.S. personnel directly participating both ashore and afloat.

Cobra Gold is designed to improve participating nations’ capability to plan and conduct combined and joint operations; build relationships among participating nations across the region; and improve interoperability over a range of activities, enhancing maritime security, and responding to large-scale natural disasters.

The Sailors and Marines will also have the opportunity to participate in service events including a sports day, community relations events, and morale welfare and recreation tours that will allow them to experience culture and build camaraderie with their counterparts in the Thai armed forces.

Operating in the U.S. 7th Fleet area of operations, the America ESG, 31st MEU team is comprised of America, Green Bay, USS Germantown (LSD 42) and a Marine air-ground task force with a combined total of 4,500 Sailors and Marines who can conduct missions across the full spectrum of military operations.

 [More News](#)



WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)

30 January 2020

Good evening to everyone in the room, and to everyone online.

Over the past few weeks, we have witnessed the emergence of a previously unknown pathogen, which has escalated into an unprecedented outbreak, and which has been met by an unprecedented response.

As I have said repeatedly since my return from Beijing, the Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak, despite the severe social and economic impact those measures are having on the Chinese people.

We would have seen many more cases outside China by now – and probably deaths – if it were not for the government's efforts, and the progress they have made to protect their own people and the people of the world.

The speed with which China detected the outbreak, isolated the virus, sequenced the genome and shared it with WHO and the world are very impressive, and beyond words. So is China's commitment to transparency and to supporting other countries.

In many ways, China is actually setting a new standard for outbreak response. It's not an exaggeration.

I also offer my profound respect and thanks to the thousands of brave health professionals and all frontline responders, who in the midst of the Spring Festival, are working 24/7 to treat the sick, save lives and bring this outbreak under control.

Thanks to their efforts, the number of cases in the rest of the world so far has remained relatively small.

There are now 98 cases in 18 countries outside China, including 8 cases of human-to-human transmission in four countries: Germany, Japan, Viet Nam and the United States of America.

So far we have not seen any deaths outside China, for which we must all be grateful. Although these numbers are still relatively small compared to the number of cases in China, we must all act together now to limit further spread.

The vast majority of cases outside China have a travel history to Wuhan, or contact with someone with a travel history to Wuhan.

We don't know what sort of damage this virus could do if it were to spread in a country with a weaker health system.

We must act now to help countries prepare for that possibility.

For all of these reasons, I am declaring a public health emergency of international concern over the global outbreak of novel coronavirus.

The main reason for this declaration is not because of what is happening in China, but because of what is happening in other countries.

Our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it.

Let me be clear: this declaration is not a vote of no confidence in China. On the contrary, WHO continues to have confidence in China's capacity to control the outbreak.

As you know, I was in China just a few days ago, where I met with President Xi Jinping. I left in absolutely no doubt about China's commitment to transparency, and to protecting the world's people.

To the people of China and to all of those around the world who have been affected by this outbreak, we want you to know that the world stands with you. We are working diligently with national and international public health partners to bring this outbreak under control as fast as possible.

In total, there are now 7834 confirmed cases, including 7736 in China, representing almost 99% of all reported cases worldwide. 170 people have lost their lives to this outbreak, all of them in China.

We must remember that these are people, not numbers.

More important than the declaration of a public health emergency are the committee's recommendations for preventing the spread of the virus and ensuring a measured and evidence-based response.

I would like to summarize those recommendations in seven key areas.

First, there is no reason for measures that unnecessarily interfere with international travel and trade. WHO doesn't recommend limiting trade and movement.

We call on all countries to implement decisions that are evidence-based and consistent. WHO stands ready to provide advice to any country that is considering which measures to take.

Second, we must support countries with weaker health systems.

Third, accelerate the development of vaccines, therapeutics and diagnostics.

Fourth, combat the spread of rumours and misinformation.

Fifth, review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission.

Sixth, share data, knowledge and experience with WHO and the world.

And seventh, the only way we will defeat this outbreak is for all countries to work together in a spirit of solidarity and cooperation. We are all in this together, and we can only stop it together.

This is the time for facts, not fear.

This is the time for science, not rumours.

This is the time for solidarity, not stigma.

Thank you.

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Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States, February 24, 2020

Daniel B. Jernigan, MD¹; CDC COVID-19 Response Team

On February 25, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

An outbreak of coronavirus disease 2019 (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) began in Wuhan, Hubei Province, China in December 2019, and has spread throughout China and to 31 other countries and territories, including the United States (1). As of February 23, 2020, there were 76,936 reported cases in mainland China and 1,875 cases in locations outside mainland China (1). There have been 2,462 associated deaths worldwide; no deaths have been reported in the United States. Fourteen cases have been diagnosed in the United States, and an additional 39 cases have occurred among repatriated persons from high-risk settings, for a current total of 53 cases within the United States. This report summarizes the aggressive measures (2,3) that CDC, state and local health departments, multiple other federal agencies, and other partners are implementing to slow and try to contain transmission of COVID-19 in the United States. These measures require the identification of cases and contacts of persons with COVID-19 in the United States and the recommended assessment, monitoring, and care of travelers arriving from areas with substantial COVID-19 transmission. Although these measures might not prevent widespread transmission of the virus in the United States, they are being implemented to 1) slow the spread of illness; 2) provide time to better prepare state and local health departments, health care systems, businesses, educational organizations, and the general public in the event that widespread transmission occurs; and 3) better characterize COVID-19 to guide public health recommendations and the development and deployment of medical countermeasures, including diagnostics, therapeutics, and vaccines. U.S. public health authorities are monitoring the situation closely, and CDC is coordinating efforts with the World Health Organization (WHO) and other global partners. Interim guidance is available at <https://www.cdc.gov/coronavirus/index.html>. As more is learned about this novel virus and this outbreak, CDC will rapidly incorporate new knowledge into guidance for action by CDC, state and local health departments, health care providers, and communities.

Person-to-person spread of COVID-19 appears to occur mainly by respiratory transmission. How easily the virus is

transmitted between persons is currently unclear. Signs and symptoms of COVID-19 include fever, cough, and shortness of breath (4). Based on the incubation period of illness for Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) coronaviruses, as well as observational data from reports of travel-related COVID-19, CDC estimates that symptoms of COVID-19 occur within 2–14 days after exposure. Preliminary data suggest that older adults and persons with underlying health conditions or compromised immune systems might be at greater risk for severe illness from this virus (5).

COVID-19 Cases in the United States

As of February 23, 14 COVID-19 cases had been diagnosed in the following six states: Arizona (one case), California (eight), Illinois (two), Massachusetts (one), Washington (one), and Wisconsin (one). Twelve of these 14 cases were related to travel to China, and two cases occurred through person-to-person transmission to close household contacts of a person with confirmed COVID-19. An additional 39 cases were reported among repatriated U.S. citizens, residents, and their families returning from Hubei province, China (three), and from the Diamond Princess cruise ship that was docked in Yokohama, Japan (36). Thus, there have been 53 cases within the United States. No deaths have been reported in the United States.

CDC Public Health Response

As of February 24, 2020, a total of 1,336 CDC staff members have been involved in the COVID-19 response, including clinicians (i.e., physicians, nurses, and pharmacists), epidemiologists, veterinarians, laboratorians, communicators, data scientists and modelers, and coordination staff members. Of these CDC staff members, 497 (37%) have been deployed to 39 locations in the United States and internationally, including CDC quarantine stations at U.S. ports of entry, state and local health departments, hospitals, and U.S. military bases that are housing quarantined persons, as well as WHO and ministries of health around the world. CDC staff members are working with state, local, tribal, and territorial health departments and other public health authorities to assist with case identification, contact tracing, evaluation of persons under investigation

(PUI) for COVID-19,* and medical management of cases; and with academic partners to understand the virulence, risk for transmission, and other characteristics of this novel virus.

CDC teams are working with the Department of Homeland Security at 11 airports where all flights from China are being directed to screen travelers returning to the United States, and to refer them to U.S. health departments for oversight of self-monitoring. CDC is also working with other agencies of the U.S. government including the U.S. Department of Defense; multiple operational divisions with the U.S. Department of Health and Human Services, including the Assistant Secretary for Preparedness and Response and the Administration for Children and Families; and the U.S. Department of State to safely evacuate U.S. citizens, residents, and their families to the United States from international locations where there is substantial, sustained transmission of COVID-19, and to house them and monitor their health during a 14-day quarantine period.

Specific guidance has been developed and posted online for health care settings, including for patient management; infection control and prevention; laboratory testing; environmental cleaning; worker safety; and international travel.† Guidance is updated as more is learned. To prepare for the possibility of community spread of COVID-19, CDC has developed tailored guidance and communications materials for communities, health care settings, public health, laboratories, schools, and businesses. Chinese and Spanish versions of certain documents are available.

Information for travelers. Several recent travel notices have been posted by CDC to inform travelers and clinicians about current health issues that could affect travelers' health.§ A Level 3 travel notice (avoid all nonessential travel) for China has been in effect since January 27. On February 19, Level 1 travel notices (practice usual precautions) for travelers to Hong Kong and Japan were posted. On February 22, the Level 1 travel notice for Japan was raised to Level 2 (practice enhanced precautions). A Level 2 travel notice was posted for South Korea on February 22, which was updated to Level 3 on February 24. Level 1 travel notices were posted for

Iran and Italy on February 23, and then updated to Level 2 on February 24. In addition, CDC has posted information for travelers regarding apparent community transmission in Singapore, Taiwan, Thailand, and Vietnam, and recommendations for persons to reconsider cruise ship voyages in Asia.

Airport screening. As of February 23, a total of 46,016 air travelers had been screened at the 11 U.S. airports to which all flights from China are being directed. Since February 2, travelers to the United States who have been in China in the preceding 14 days have been limited to U.S. citizens and lawful permanent residents and others as outlined in a presidential proclamation.¶ Incoming passengers are screened for fever, cough, and shortness of breath. Any travelers with signs or symptoms of illness receive a more comprehensive public health assessment. As of February 23, 11 travelers were referred to a hospital and tested for infection; one tested positive and was isolated and managed medically. Seventeen travelers were quarantined for 14 days because of travel from Hubei Province, China, an area that was designated as high risk for exposure to COVID-19**; 13 of these 17 have completed their quarantine period.

Persons under investigation (PUIs). Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. CDC has responded to clinical inquiries from public health officials, health care providers, and repatriation teams to evaluate and test PUIs in the United States for COVID-19 following CDC guidance. As of February 23, 479 persons from 43 states and territories had been or are being tested for COVID-19; 14 (3%) had a positive test, 412 (86%) had a negative test, and 53 (11%) test results are pending.

Laboratory testing. As part of laboratory surge capacity for the response, CDC laboratories are testing for SARS-CoV-2 to assist with diagnosis of COVID-19. During January 18–February 23, CDC laboratories used real-time reverse transcription–polymerase chain reaction (RT-PCR) to test 2,620 specimens from 1,007 persons for SARS-CoV-2. Some additional testing is performed at selected state and other public health laboratories, with confirmatory testing at CDC. CDC is developing a serologic test to assist with surveillance for SARS-CoV-2 circulation in the U.S. population. The test detects antibodies (immunoglobulin [Ig]G, IgA, and IgM) indicating SARS-CoV-2 virus exposure or past infection. In addition, CDC laboratories are developing assays to detect SARS-CoV-2 viral RNA and antigens in tissue specimens.

*Criteria to guide evaluation and testing of patients under investigation for SARS-CoV-2 include 1) fever or signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) in any person, including a health care worker, who has had close contact with a patient with laboratory-confirmed SARS-CoV-2 infection within 14 days of symptom onset; 2) fever and signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) in any person with a history of travel from Hubei Province, China, within 14 days of symptom onset; or 3) fever and signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) requiring hospitalization in any person with a history of travel from mainland China within 14 days of symptom onset. Additional information is available at <https://emergency.cdc.gov/han/han00427.asp> and <https://emergency.cdc.gov/han/han00426.asp>.

†<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

§<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

¶ Office of the President. Proclamation on suspension of entry as immigrants and nonimmigrants of persons who pose a risk of transmitting 2019 novel coronavirus. Washington, DC: Office of the President; 2020. <https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/>.

** <https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-china.html>.

Finally, following CDC's establishment of SARS-CoV-2 in cell culture, CDC shared virus isolates with the Biodefense and Emerging Infections Research Resources Repository to securely distribute isolates to U.S. public health and academic institutions for additional research, including vaccine development.

Repatriation flights from areas with substantial COVID-19 transmission. During January 29–February 6, the U.S. government repatriated 808 U.S. citizens, residents, and their families from Hubei Province, China, on five chartered flights. At the time of departure, all travelers were free of symptoms for COVID-19 (fever or feverishness, cough, difficulty breathing). After arriving in the United States, the repatriated travelers were quarantined for 14 days at one of five U.S. military bases. CDC and U.S. government staff members monitored these travelers' health. As of February 23, 28 (3%) of these persons developed COVID-19-related symptoms and were evaluated for infection; three were found to be positive for SARS-CoV-2 and were referred for medical care and isolation. As of February 24, the remaining 805 travelers had completed their 14-day quarantine.

On February 3, passengers and crew of the Diamond Princess cruise ship were quarantined off Yokohama, Japan; a passenger who had recently disembarked in Hong Kong was confirmed to have COVID-19, and ongoing transmission was identified on the ship. By February 16, a total of 355 cases of COVID-19 had been identified among passengers and crew,^{††} including 67 U.S. citizens or residents. As a result, during February 16–17, the U.S. government assisted in the repatriation of 329 U.S. citizens or residents from the ship. These travelers returned on two chartered flights. As of February 23, 36 (11%) of these repatriated persons had tested positive for SARS-CoV-2 and are under appropriate medical supervision. The remaining repatriated persons are in quarantine for 14 days. CDC is working with the U.S. embassy in Japan and the Japanese government to support U.S. passengers and crew who remained in Japan.

Discussion

COVID-19 is a serious public health threat. Cases of COVID-19 have been diagnosed in the United States, primarily in travelers from China and quarantined repatriates, and also in two close contacts of COVID-19 patients. Currently, COVID-19 is not recognized to be spreading in U.S. communities. If sustained transmission in U.S. communities is identified, the U.S. response strategy will enhance implementation of actions to slow spread in communities (2,6). Implementation of basic precautions of infection control and prevention, including staying home when ill and practicing respiratory and hand hygiene will become increasingly important.

^{††} https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200216-sitrep-27-covid-19.pdf?sfvrsn=78c0eb78_2.

Community-level nonpharmaceutical intervention might include school dismissals and social distancing in other settings (e.g., postponement or cancellation of mass gatherings and telework and remote-meeting options in workplaces). These measures can be disruptive and might have societal and economic impact on individual persons and communities (6). However, studies have shown that early layered implementation of these interventions can reduce the community spread and impact of infectious pathogens such as pandemic influenza, even when specific pharmaceutical treatments and vaccines are not available (7,8). These measures might be critical to avert widespread COVID-19 transmission in U.S. communities (2,6). Mitigation measures implemented in China have included the closing of major transport hubs and preventing exit from certain cities with widespread transmission, cancellation of Chinese New Year celebrations, and prohibition of attendance at school and work (5). However, the impact of these measures in China has not yet been evaluated.

In the United States, the National Institutes of Health (NIH) and their collaborators are working on development of candidate vaccines and therapeutics for COVID-19. In China, multiple clinical trials of investigational therapeutics have been implemented, including two clinical trials of remdesivir, an investigational antiviral drug.^{§§} An NIH randomized controlled clinical trial of investigational therapeutics for hospitalized COVID-19 patients in the United States was approved by the Food and Drug Administration; the first investigational therapeutic to be studied is remdesivir.^{¶¶} In the absence of a vaccine or therapeutic, community mitigation measures are the primary method to respond to widespread transmission and supportive care is the current medical treatment.

COVID-19 symptoms are similar to those of influenza (e.g., fever, cough, and shortness of breath), and the current outbreak is occurring during a time of year when respiratory illnesses from influenza and other viruses, including other coronaviruses that cause the “common cold,” are highly prevalent. To prevent influenza and possible unnecessary evaluation for COVID-19, all persons aged ≥6 months should receive an annual influenza vaccine; vaccination is still available and effective in helping to prevent influenza (9). To decrease risk for respiratory disease, persons can practice recommended preventive measures.^{***} Persons ill with symptoms of COVID-19 who have had contact with a person with COVID-19 or recent travel to countries with apparent community spread^{†††} should communicate

^{§§} <https://clinicaltrials.gov/ct2/show/NCT04257656?cond=remdesivir&draw=2&rank=1>; <https://clinicaltrials.gov/ct2/show/NCT04252664?cond=remdesivir&draw=2&rank=2>.

^{¶¶} <https://clinicaltrials.gov/ct2/show/NCT04280705?cond=COVID-19&draw=4&rank=22>.

^{***} <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>.

^{†††} <https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html>.

Summary**What is already known about this topic?**

An outbreak of coronavirus disease 2019 (COVID-19) has spread throughout China and to 31 other countries and territories, including the United States.

What is added by this report?

Fourteen cases have been diagnosed in the United States, in addition to 39 cases among repatriated persons from high-risk settings, for a current total of 53 cases within the United States. The U.S. government and public health partners are implementing aggressive measures to slow and contain transmission of COVID-19 in the United States.

What are the implications for public health practice?

Interim guidance is available at <https://www.cdc.gov/coronavirus/index.html>. As more is learned about this virus and the outbreak, CDC will rapidly incorporate new knowledge into guidance for action.

with their health care provider. Before seeking medical care, they should consult with their provider to make arrangements to prevent possible transmission in the health care setting. In a medical emergency, they should inform emergency medical personnel about possible COVID-19 exposure.

Areas for additional COVID-19 investigation include 1) further clarifying the incubation period and duration of virus shedding, which have implications for duration of quarantine and other mitigation measures; 2) studying the relative importance of various modes of transmission, including the role of droplets, aerosols, and fomites; understanding these transmission modes has major implications for infection control and prevention, including the use of personal protective equipment; 3) determining the severity and case-fatality rate of COVID-19 among cases in the U.S. health care system, as well as more fully describing the spectrum of illness and risk factors for infection and severe disease; 4) determining the role of asymptomatic infection in ongoing transmission; and 5) assessing the immunologic response to infection to aid in

the development of vaccines and therapeutics. Public health authorities are monitoring the situation closely. As more is learned about this novel virus and this outbreak, CDC will rapidly incorporate new knowledge into guidance for action.

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¹CDC COVID-19 Response Team, CDC.

The author has completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

References

1. World Health Organization. Coronavirus disease 2019 (COVID-19) situation report—34. Geneva, Switzerland: World Health Organization; 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200223-sitrep-34-covid-19.pdf?sfvrsn=44ff8fd3_2
2. Holloway R, Rasmussen SA, Zaza S, Cox NJ, Jernigan DB. Updated preparedness and response framework for influenza pandemics. *MMWR Recomm Rep* 2014;63(No. RR-6).
3. Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013;19:85–91. <https://doi.org/10.3201/eid1901.120124>
4. Chen N, Zhou M, Dong X, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *Lancet* 2020;395:507–13. [https://doi.org/10.1016/S0140-6736\(20\)30211-7](https://doi.org/10.1016/S0140-6736(20)30211-7)
5. The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19)—China, 2020. *China CDC Weekly* 2020. Epub February 17, 2020.
6. Qualls N, Levitt A, Kanade N, et al.; CDC Community Mitigation Guidelines Work Group. Community mitigation guidelines to prevent pandemic influenza—United States, 2017. *MMWR Recomm Rep* 2017;66(No. RR-1). <https://doi.org/10.15585/mmwr.rr6601a1>
7. Hatchett RJ, Mecher CE, Lipsitch M. Public health interventions and epidemic intensity during the 1918 influenza pandemic. *Proc Natl Acad Sci U S A* 2007;104:7582–7. <https://doi.org/10.1073/pnas.0610941104>
8. Markel H, Lipman HB, Navarro JA, et al. Nonpharmaceutical interventions implemented by US cities during the 1918–1919 influenza pandemic. *JAMA* 2007;298:644–54. <https://doi.org/10.1001/jama.298.6.644>
9. Dawood FS, Chung JR, Kim SS, et al. Interim estimates of 2019–20 seasonal influenza vaccine effectiveness—United States, February 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:177–82. <https://doi.org/10.15585/mmwr.mm6907a1>

From: (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#)
To: (b) (6) ; (b) (6) [CAPT USN, USS Theodore Roosevelt](#)
Cc: (b) (6) [CAPT USN COMPACFLT PEARL HI \(USA\)](#)
Subject: ~~FOUO~~: Discussion with CDC Director
Date: Thursday, February 27, 2020 2:03:36 AM

(b) (6), (b) (6),

Had a long conversation with the U.S. CDC Country Director in VN – (b) (6), PhD.

Bottom line: he was very convincing that they have inside/trusted access to various public health/hospital/lab systems within the country and there truly is no direct/indirect evidence to suggest an undetected coronavirus outbreak within the country. He feels that the visit is truly low risk and that the Vietnamese response to the COVID outbreak is truly impressive and one that would be difficult to replicate in the US (unity in effort, trust in government, acceptance of restriction of freedoms for the common good).

After talking with (b) (6), my N5 team, ADM Aquilino (today), I feel that there's little additional downside from your engagement compared with the bought risk of the port visit already.

COM said this AM he would not have anyone on the TR assume risk that he wouldn't take and noted he'll be in country with you. We may even try to get him to the hospital with your team – he's been a strong supporter of medical. We'll see.

Bottom line is that I think this mission is acceptable and I wish I was there on the visit with you.

Notes from the discussion below.

V/R,

(b) (6)

No evidence of any new diagnoses since 13 FEB.

CAPT (b) (6) (USPHS) leading U.S. support in global health security role.

Significant engagement with Ministry of Health and with the Department of Epidemiology.

Have epidemiologist out in the field. Helping lead field investigations.

We see daily exposure to what's happening in country.

We are notified and see positive lab results as they're happening and before information released.

Trying to distinguish themselves from the Chinese and their approach.

Believe that China mishandled this and want to separate their ability and response efforts.

All cases have been well known.

Confident with containment methods. Aggressive from the public health stand point.

Effectively can lock down a village. 11 cases from a single cluster with travel to Wuhan and direct contacts. Patients cared for at national, provincial, local hospitals without any nosocomial transmission.

Preparing for more cases, expect more. But feel they are well prepared.

Focus is on imported cases. Looking at how to screen for those at risk for exposure.

Quite aggressive in their quarantine methods.

Look at recent daily SITREP cables. Shut down traffic to China, including flights. On the border region, shut down trade, but reestablished trade with screening.

Rail workers will do 2 weeks on, 2 weeks quarantine, 2 weeks back on. Disinfecting areas. Managing borders. More risk at Cambodian border than VN.

Whole of government response. Impressive.

Will be interesting to see how the US will respond to this crisis. Social distancing.

VN shut down education system and public gatherings.

Very conservative about shutting down public gatherings. Sensitive to parent opinion. Listened to parents who wanted to keep their kids home longer (feeling safe).

High school will likely start next week, lower grades later.

Having kids go to school if no significant increase. Will be a sign of comfort level.

CDC will meet with Government, Deputy Prime Minister who is leading for VN, with WHO. Will get a status report on the response.

Politically, significant change in government upcoming. Want to be conservative, because no one wants to get caught making the wrong choice that makes the situation worse.

3 active clusters resulting in 11 cases. All 16 cases recovered. 2 were asymptomatic. Were asymptomatic contacts.

EACs (emergency action committee meetings at the Embassy) happen every week. Next one Monday.

Hospitals are prepared. Ready to treat. Reason for authorized departure for HK – schools.

Real time PCR kits from WHO arrived and in country. Strong lab capacity. CDC working with labs in country intensively over the past 15 years.

Regional institutes, National Institute, Pasteur Institutes (2). Plan for CDC kits to be shipped.

CDC PCR kits had manufacturing issues.

Lightest season seen for URI in the community. Not like the past.

Community very focused on hygiene. Hand sanitizers everywhere. All wore masks, then dropped when realization that it was not that effective. Some still wear. But great hand hygiene.

Surprised and impressed with extent of response. Great approach. Did not refer to

CDC team truly busy and having difficulty supporting this engagement. But felt VN administrative services is doing a great job of leading training for healthcare personnel. CDC did not want to get in the middle.

Da Nang Hospital – not clear of a specific requirement.

Pandemic response might be interesting from the American perspective. VN already getting training on how to use PPE and where to employ it and have a robust internal (in country/public health) training program.

Lessons learned from other preparedness might be something to consider.

Avoid South Korea with flight plans (routing).

In VN communitarian approach to things. No visceral distrust of government. Will work together and take guidance. Able to work more effectively and better resourced than Thailand for example.

Voluntarily quarantine if better for society. Impressive.

VN wants to emerge as a leader.

Competing with their northern neighbor. And want to show they are stronger than Thailand. And other southeast Asian countries.

From: (b) (6) [CAPT USN, C7F](#)
To: (b) (6) [CAPT USN VCNO \(USA\)](#)
Subject: FW: Coronavirus
Date: Wednesday, April 15, 2020 9:54:02 AM

Good morning CAPT (b) (6)

This email is an example of the medical conversations we were having to assess the risk from the standpoint of medical engagements with the HN. As you know, we are usually very enthusiastic about international medical engagements, but were being cautious as this disease evolved. As you can see, this was early in the epidemic, before much of the US was taking this seriously- we, PACFLT, and TR medical were already taking it very seriously to protect the medical department and the crew.

At the end, there was no medical engagement from the TR- we downscoped for risk reduction to only a NAMRU-2 officer who came separately from Thailand to do some teaching relevant to COVID-19.

V/r

(b) (6)

(b) (6)
CAPT MC USN
Fleet Surgeon
US Seventh Fleet
Office/ stateroom email (b) (6) @lcc19 navy.mil
Email on work iphone (b) (6) @fe navy mil
SIPR: (b) (6) @lcc19 navy.smil.mil
DSN: (b) (6) DSN at sea (b) (6)
COMM: (b) (6) at sea (b) (6)
Japanese work cell phone: (b) (6)
Stateroom J dial (b) (6)
Office J dial (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
[\[mailto:\(b\) \(6\) @cvn71 navy mil\]](mailto:(b) (6) @cvn71 navy mil)
Sent: Wednesday, February 05, 2020 8:27 AM
To: (b) (6) CAPT USN, C7F <(b) (6) @lcc19.navy.mil>;
(b) (6) @eu navy.mil' (b) (6) @eu navy.mil>
Cc: (b) (6) @navy.mil' <(b) (6) @navy mil>; (b) (6)
LCDR USN, USS THEODORE ROOSEVELT <(b) (6) @cvn71 navy.mil>
Subject: RE: Coronavirus

(b) (6),

Thanks for the reply. An SMEE (onboard the ship) in conjunction with a tour is completely reasonable. The tone of the email from the country team

sounds like they think we're a hospital ship. I'm going to reply back to the HAA (CAPT (b) (6)) that we'll fully support a tour on the ship, but the other asks need to go through the C7F/PACFLT Theater Security Cooperation teams.

v/r,

(b) (6)

-----Original Message-----

From: (b) (6). CAPT USN, C7F
[mailto:(b) (6)@lcc19.navy.mil]
Sent: Tuesday, February 04, 2020 8:34 PM
To: (b) (6) CAPT USN, USS Theodore Roosevelt;
(b) (6)@eu.navy.mil
Cc: (b) (6)@navy.mil
Subject: RE: Coronavirus

Good evening (b) (6),

Thank you for sending- sorry about the delay (just sitting down to answer email)

Where to start???

- 1: There is absolutely no expectation that you fulfil all these requests.
- 2: I agree your team and crew should not go looking for coronavirus
- 3: I am happy to link you with our theater Security Cooperation team so they can work through this with the country team so you are not awkward in the middle.

As you know the US does not have a medical flag officer in the chain until INDOPACOM.

Perhaps you could have a SMEE with the Vietnamese Navy physicians (if they have them) about how to control/ mitigate coronavirus on ships? (happy to help with this one with all the information we have gathered)..

That way its relevant, but also in your lane, and more importantly, does not involve you "looking for infection".

V/r

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
[mailto:(b) (6)@cvn71.navy.mil]
Sent: Tuesday, February 04, 2020 11:38 AM
To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>;
(b) (6) CAPT USN COMPACFLT N01H (USA)
<(b) (6)@eu.navy.mil>
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
<(b) (6)@navy.mil>
Subject: FW: Coronavirus

(b) (6) and (b) (6),

Looping you into this because this email is asking for things that I don't have the power to execute (e.g., RADM/RDML medical visit, DV visit to military hospital, Contagion control SMEE, etc.). While I am all for medical exchanges/relationship building - I am also acutely aware of the protean problems that would arise should we visit a local hospital and cross paths with someone with Coronavirus.

Looking for guidance/advice on this one before I respond.

v/r,

(b)

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)



Updated WHO recommendations for international traffic in relation to COVID-19 outbreak

29 February 2020 | COVID-19 Travel Advice

This document provides updated recommendations for international traffic in relation to the COVID-19 outbreak, in light of the rapidly evolving situation. It supersedes the advice published on 27 January 2020.

On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee convened under the International Health Regulations (2005), declared the current outbreak of COVID-19 a public health emergency of international concern and issued Temporary Recommendations. The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.

Affected areas

“Affected areas” are considered those countries, provinces, territories or cities experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases. As of 27 February 2020, although China, particularly the Province of Hubei, has experienced sustained local transmission and has reported by far the largest number of confirmed cases since the beginning of the outbreak, lately the situation in China showed a significant decrease in cases. At the same time, an increasing number of countries, other than China, have reported cases, including through local

transmission of COVID-19. As the epidemic evolves, it will be expected that many areas may detect imported cases and local transmission of COVID-19. WHO is publishing [daily situation reports](#) on the evolution of the outbreak.

The outbreaks reported so far have occurred primarily within clusters of cases exposed through close-contacts, within families or special gathering events. COVID-19 is primarily transmitted through droplets from, and close contact with, infected individuals. Control measures that focus on prevention, particularly through regular hand washing and cough hygiene, and on active surveillance for the early detection and isolation of cases, the rapid identification and close monitoring of persons in contacts with cases, and the rapid access to clinical care, particularly for severe cases, are effective to contain most outbreaks of COVID-19.

Recommendations for international traffic

WHO continues to advise against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks.

In general, evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions. Furthermore, restrictions may interrupt needed aid and technical support, may disrupt businesses, and may have negative social and economic effects on the affected countries. However, in certain circumstances, measures that restrict the movement of people may prove temporarily useful, such as in settings with few international connections and limited response capacities.

Travel measures that significantly interfere with international traffic may only be justified at the beginning of an outbreak, as they may allow countries to gain time, even if only a few days, to rapidly implement effective preparedness measures. Such restrictions must be based on a careful risk assessment, be proportionate to the public health risk, be short in duration, and be reconsidered regularly as the situation evolves.

Travel bans to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases but may have a significant economic and social impact. Since WHO declaration of a public health emergency of international concern in relation to COVID-19, and as of 27 February, 38 countries have reported to WHO additional health measures that significantly interfere with international traffic in relation to travel to and from China or other countries, ranging from denial of entry of passengers, visa restrictions or quarantine for returning travellers. Several countries that denied entry of travellers or who have suspended the flights to and from China or other affected countries, are now reporting cases of COVID-19.

Temperature screening alone, at exit or entry, is not an effective way to stop international spread, since infected individuals may be in incubation period, may not express apparent symptoms early on in the course of the disease, or may dissimulate fever through the use of antipyretics; in addition, such measures require substantial investments for what may bear little benefits. It is more effective to provide prevention recommendation messages to travellers and to collect health declarations at arrival, with travellers' contact details, to allow for a proper risk assessment and a possible contact tracing of incoming travellers.

Recommendations for international travellers

It is prudent for travellers who are sick to delay or avoid travel to affected areas, in particular for elderly travellers and people with chronic diseases or underlying health conditions.

General recommendations for personal hygiene, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers. These include:

- Perform hand hygiene frequently, particularly after contact with respiratory secretions. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;
- Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
- Refrain from touching mouth and nose;
- A medical mask is not required if exhibiting no symptoms, as there is no evidence that wearing a mask – of any type – protects non-sick persons. However, in some cultures, masks may be commonly worn. If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal (see [Advice on the use of masks](#))

As for any travel, travellers are also advised to follow proper food hygiene practices, including [the five keys for food safety](#), as well as [recommendations to reduce the risk of transmission of emerging pathogens from animals to human in live markets](#).

Travellers returning from affected areas should self-monitor for symptoms for 14 days and follow national protocols of receiving countries. Some countries may require returning travellers to enter quarantine. If symptoms occur, such as fever, or cough or difficulty breathing, travellers are advised to contact local health care providers, preferably by phone, and inform them of their symptoms and their travel history. For travellers identified at points of entry, it is recommended to follow [WHO advice for the management of travellers at points of entry](#). Guidance on treatment of sick

passengers on board of airplanes is available on [ICAO](#) and [IATA websites](#). Key considerations for planning of large mass gathering events are also available on [WHO's website](#). Operational considerations for [managing COVID-19 cases on board of ships](#) has also been published.

For countries which decide to repatriate nationals from affected areas, they should consider the following to avoid further spread of COVID-19: exit screening shortly before flight; risk communication to travellers and crew; infection control supplies for voyage; crew preparedness for possibility of sick passenger in flight; entry screening on arrival and close follow-up for 14 days after arrival. ([WHO recommendations to reduce risk of transmission of emerging pathogens from animals to humans in live animal markets](#))

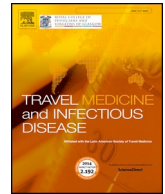
General recommendations to all countries

Countries should intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia and monitor carefully the evolution of COVID-19 outbreaks, reinforcing epidemiological surveillance. Countries should continue to enhance awareness through effective risk communication concerning COVID-19 to the general public, health professionals, and policy makers, and to avoid actions that promote stigma or discrimination. Countries should share with WHO all relevant information needed to assess and manage COVID-19 in a timely manner, as required by the International Health Regulations (2005).

Countries are reminded of the purpose of the International Health Regulations to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. Countries implementing additional health measures which significantly interfere with international traffic are required to provide to WHO, within 48 hours of implementation, the public health rationale and relevant scientific information for the measures implemented. WHO shall share this information with other States Parties. Significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.

WHO continues to engage with its Member States, as well as with international organizations and industries, to enable implementation of travel-related health measures that are commensurate with the public health risks, are effective and are implemented in ways which avoid unnecessary restrictions of international traffic during the COVID-19 outbreak.

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Summary of the COVID-19 outbreak in Vietnam – Lessons and suggestions

Dear Editor,

After the World Health Organization declared the new Coronavirus disease (COVID-19) a pandemic on March 11, 2020, as of March 23, more than 350,000 cases were confirmed globally [1]. The infection has skyrocketed to 5-digit numbers in several countries [1]. Vietnam, however, which shares a long border and has a massive volume of trade with China, appears to have a good hold on the spread of the disease. Since the first case of COVID-19 was announced on January 23, there have been only 123 infected cases with zero death confirmed [1,2]. Thus, we write this letter to shed more light about epidemiological maps of cases in Vietnam and also provide helpful information for epidemiologists and policy makers to address specific measures in response to the pandemic.

Data were collected from the major daily newspapers in Vietnam, including *Tuổi trẻ*, *Thanh Niên*, *Dân trí*, *VnExpress*, and then organized and analyzed using Microsoft Excel. Surveillance cases data from January 23 to March 23, 2020 officially reported by the Vietnam Ministry of Health were also used to estimate the cumulative rates [2].

1. Transmission dynamics

Based on the chronology of the COVID-19 outbreak in Vietnam, three main periods of the disease can be observed: 1) during the two months of epidemic (January 23 - February 26, 2020), 16 cases were reported and the cumulative rate was 1.6 cases/10 million population. All the patients had successfully recovered and been discharged from hospitals [2], 2) from February 27 to March 5, there were no new cases reported in Vietnam, and it seemed that Vietnam would have won the battle against the outbreak, 3) since the 17th positive case of the COVID-19, who failed to declare her health status to the authorities and became “a super spreader” to her contacts on March 6, 106 more COVID-19 infections have thus far been confirmed. A total of 123 cases across the country have been reported as of March 23, 2020, equivalent to a cumulative rate of 12.7 cases/10 million residents. Fifteen provinces have been affected with the highest number of infections recorded in the two largest cities, Hanoi (38 cases) and Ho Chi Minh City (30 cases, 3 recoveries). While in the first period the main source of infections was associated with travel from China [3], the new cases in the third period have been mostly repatriates and travelers from European nations. This has led to an increase in domestic transmission of COVID-19 in Vietnam. There are three COVID-19 patients who are currently placed on extracorporeal membrane oxygenation to provide breathing and heart support.

2. Demographic characteristics

Among 123 confirmed cases documented as of March 23, 2020, the median age is 29 years old (range: 3 months – 74 years old; IQR: 29 –

48.5 years old) with the majority of cases (40%) aged between 21 and 30 years (Fig. 1 and Fig. 2). Of the reported cases, 52.0% are male, 75.4% are Vietnamese citizens while 24.6% are foreigners (either working in or traveling to Vietnam) (Fig. 2). The data also show that 73.7% of the cases have been acquired overseas. While the infection rates of COVID-19 in countries like China and Italy are significantly higher among the elderly, the most cases (79 out of 123) reported in Vietnam have been observed for the young (aged 11 – 40) (Fig. 2).

3. The Vietnam response

Although Vietnam is not one of the countries with the highest number of confirmed cases, the novel coronavirus outbreak in Vietnam is considered complex and unpredictable. Thus, Vietnamese government, personally the Deputy Prime Minister Vu Duc Dam, directed and deployed prevention and control measures rapidly from the early stage in Vinh Phuc province to current situations of the overall national epidemic. A combination of extensive efforts includes isolating infected people and tracing and quarantining their contacts. Vietnam did not implement lockdown of entire cities where infected cases had occurred. Instead, schools have been closed, festivals, conferences and activities for large crowds have been cancelled, and authorities have been encouraging people to stay home to minimize exposure and transmission. In particular, the use of face masks and hand sanitizers has been highly encouraged. To further prevent the spread from overseas, the

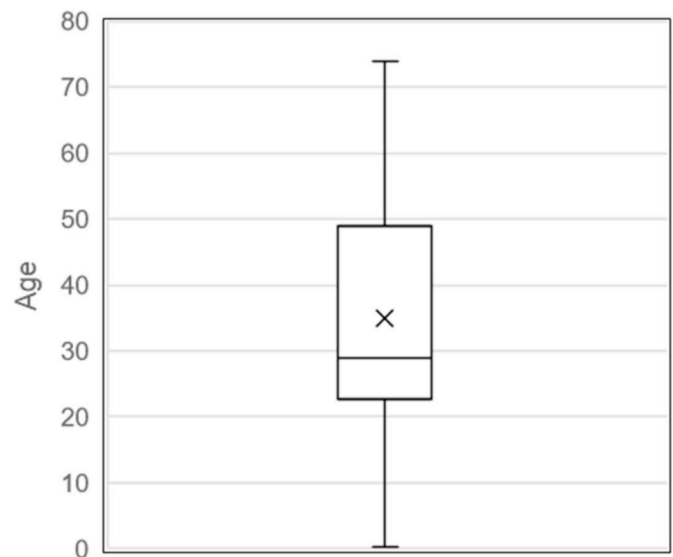


Fig. 1. Age of COVID-19 patients in Vietnam (Jan 23 – Mar 23, 2020).

<https://doi.org/10.1016/j.tmaid.2020.101651>

Received 25 March 2020; Accepted 27 March 2020

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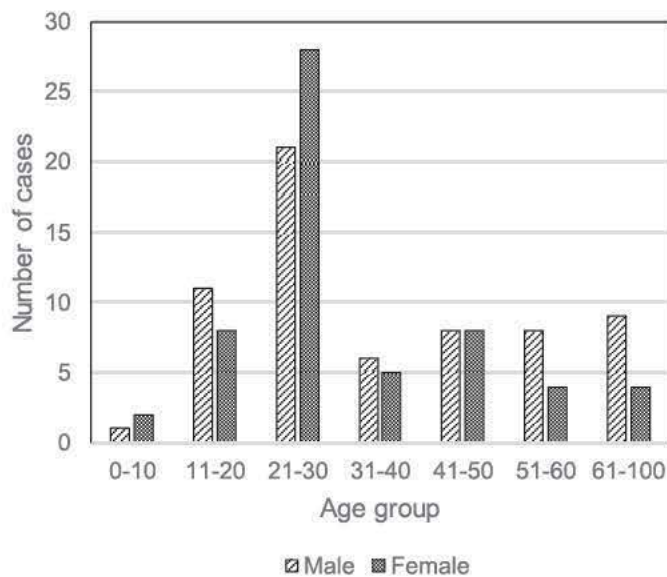


Fig. 2. Age and sex distribution of COVID-19 cases in Vietnam (Jan 23 – Mar 23, 2020).

Vietnamese government has been imposing a series of rigorous measures, including a temporary suspension of entry of all foreigners who have come from or transited through the COVID-19 affected areas, and a new mandatory regulation that all incoming travelers to Vietnam have to be quarantined at centralized facilities for 14 days [4].

4. Suggestions for COVID-19 infection control

In regard to the 14-day mandatory quarantine, we speculate that this implementation might sooner or later lead to shortage of space for quarantine, especially in the two metropolitan areas, Hanoi and Ho Chi Minh City. Therefore, the Vietnamese government may consider a combination of strict self-quarantine in the community and use of new technology, such as application of big data and artificial intelligence to improve contact tracing and the management of potentially infected

patients. It may aid in reducing person-to-person spread [5]. In addition to vigorous control strategies, studies on individual patient epidemiological data are needed, which would enable epidemiologists to build a model of the outbreak and determine the number of new infections triggered by each case.

Funding source

No.

Declaration of competing interest

We declare that we have no competing interest.

References

- [1] Coronavirus COVID-19 global cases by the center for systems science and engineering. (CSSE) at Johns Hopkins University; 2020 <https://gisanddata.maps.arcgis.com/>, Accessed date: 23 March 2020.
- [2] The Vietnamese Ministry of Health. <https://ncov.moh.gov.vn/>; 2020, Accessed date: 23 March 2020.
- [3] Phan LT, Nguyen TV, Luong QC, Nguyen TV, Nguyen HT, Le HQ, Nguyen TT, Cao TM, Pham QD. Importation and human-to-human transmission of a novel coronavirus in Vietnam. *N Engl J Med* 2020;382:872–4. <https://doi.org/10.1056/NEJMc2001272>.
- [4] The Socialist Republic of Vietnam. Online newspaper of the government. 2020 <http://news.chinhphu.vn/Home/Govt-halts-visa-issuance-to-foreigners-to-staunch-COVID19/20203/39226.vgp>, Accessed date: 23 March 2020.
- [5] Baxter S, Goyder E, Chambers D, Johnson M, Preston L, Booth A. Interventions to improve contact tracing for tuberculosis in specific groups and in wider populations: an evidence synthesis. first ed. Southampton (UK): NIHR Journals Library; 2017.

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**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Command Master Chief**

On 10 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via videoteleconference.

Witness Name: CMDCM (b) (6), USN
Position: CMC, USS THEODORE ROOSEVELT (CVN 71)

Email Address: (b) (6)@cvn71.navy.mil
Phone(s): (b) (6)

I reported to TR on 3 January 2020 – two weeks prior to deployment and during POM. I interviewed for the billet in November 2019, as the previous CMC was fired. I was selected for Master Chief while aboard TR from 2007 to 2010, and stepping back onboard, it was like I never left. The crew was excited about a deployment with good port visits planned, the CPO Mess was engaged as they were preparing for deployment, the only rub was the previous CMC having been fired, and some felt it was unnecessary.

We started discussing COVID-19 before Da Nang, Vietnam, and the conversations continued to ramp up. The XO, DCAG, CVW CM C, and I recorded the Da Nang liberty brief on site TV, which included COVID-19 guidance.

We educated crew to practice good hygiene and screening procedures when departing and returning to the ship.

The COVID-19 mitigation procedures for Da Nang included posters, screening questions emailed out, and SITE TV mitigation videos. There were also shorter tours to mitigate risks. We fought hard to cancel medical and cooking exchanges, and COMRELS were adjusted. Our screening procedures included Green liberty passes, walking through thermal imagers, screening questions at pier, and we went through screening questions at quarters the next day. The Beach Guard and Ship's Medical were in charge of pier screening, and the same screening procedures were used for tours.

For the Da Nang quarantine plan, we had the following COAs:

COA 1 - ~67 total racks between two berthing's . ~15 CPO overflow and ~42 female berthing.

COA 2 – DV Row with dedicated heads nearby.

COA 3 – Brig.

COA 4 - Worst case scenario we had 300 empty racks shipwide available. If required we could move out a 120 person berthing and utilize it for quarantine

We also planned for chow and quality of life items.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Command Master Chief

On March 8th, the Skipper called me at 0700 Sunday to inform me that we had some close contacts that were being held at the local hotel and asked me to return to the ship and work the berthing plan for their return. Throughout the day the Sailors were identified with the total number being 39, with 7 or 8 of the identified Sailors belonging to the Bunker Hill. The Sailors were quarantined to the pier in a tent as they waited. They were provided masks and gloves prior to returning to the ship. They returned in two waves, and I met both of groups on the fantail and explained the plan for the evening which for some was to be placed into the Male overflow berthing and the remaining 14 to be placed in DV row, as the female berthing still had Sailors off the ship. It was apparent to me the Sailors were tired and many were anxious and scared, due to the events of the day. Over the next two days we were able to clear out CS berthing and work out all the logistic issues that arose with housing 39 Sailors in quarantine, food delivery, trash, laundry, POTTS line access for the Sailors to call home, computer access. Medical temps and screening questions were done twice daily. I felt we had a workable plan, but having 39 Sailors all at once took some time to get it running smoothly. It worked out that I had a female Senior Chief and a male CMDCM in the group so they were instrumental in leading the Sailors. I spoke with the Sailors on a daily basis and ensured they were taking care of and provide whatever they needed. The XO and CO spoke to them as well, over the course of the quarantine time.

Throughout the 14 day quarantine there was apprehension among the Sailors of possible COVID positives, from either the group in isolation or the rest of the crew. Once the 39 all tested negative after 14 days there was a sense of relief among the crew that we had made it through a possible outbreak. We still were not 100% certain we had made it through the worst, as there were 4800 of us onboard, and prior to the port visit and after there was skepticism of the number of positive COVID cases being reported by Vietnam.

As NAVADMINS came out IRT to COVID we increased Bleachapalooza from once to twice daily. We removed self-service from the chow lines, by turning spoons around, cooks and FSA's wore gloves while serving. We talked a little about social distancing – which is hard to do on a ship – and made a push for washing hands more. We removed the naugahyde table covers to make cleaning more effective. We pressed the daily morning COVID symptom screenings hard. We canceled FEP, but decided to leave the gyms open and ensure the watches enforced the cleaning of the machines after each use by the Sailors. The barbershops were shut down before two positives and gyms were closed once we had the first 2 cases. The library, chapel, and ship's stores remained open. We didn't spread out lines for social distancing and remove dining seats until we were pier side. The XO reviewed all the NAVADMINS and we discussed them in-depth and attempted to conform as much as we could within the constraints of the ship.

Once we had the positive cases identified I began to see the crews attitude separate into three categories; the first type was young and cavalier some Sailors think they are invincible; the second group were concerned over the possibility of contracting the virus (majority); and the freaked out (small number). Not sure about the rest of the world's attitude towards the virus.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Command Master Chief

Hard to answer if the younger generation understands their social responsibility, but we reinforced the importance of cleaning, social distancing and washing your hands. We didn't know what we didn't know. Our knowledge today is far greater than what it was on 26MAR20.

Once we identified the first two positive cases, we isolated them and performed close contact screenings. The CO, CCSG-9, SMO, and Warfare Commanders were discussing the plan for positives, and how we would proceed. Once we had completed the Close Contact screening we began quarantining sailors in their berthing's on 2nd deck with their own head, as it turned out their berthing's were already aft. We also secured the starboard side P-way. Chow delivery was provided, and POTS and NIPR installed; basically we dusted off what we had done for the group of 39 and worked it for the berthing's AFT. Once the decision to head to Guam was made we began working on possible COA to how we would quarantine and isolate Positives Sailors and Close Contacts in conjunction with 7th Flt.

Upon arrival in Guam, 26MAR20, we had approximately 34 Positives and approximately 800 Sailors in quarantine in the aft berthing's. The CPO mess was used to feed the Sailors in Quarantine as the back door was located forward of the isolation berthing's. By the 29th of March we had approximately 85-100 positives and approximately 1500 Sailors quarantined. We lifted the quarantine that day as we felt we were rapidly increasing the rates of the positives as we had so many Sailors aft in a very tight space with little to no movements available to them. We were having issues trying to feed them from the CPO Mess as the space was not designed to hold 1200 Sailors. Earlier during the week I, the CAG CMC and STKGRP CMC met with the mess at large and stated to them the importance of the message we were conveying to the Sailors, the screening process, hygiene and the use of hand sanitizer, spreading out as much as we could and the importance of being honest IRT to their health. The final request was to ensure the Sailors reached out to their loved ones and ensure them they were okay.

From the time of the COVID outbreak, the ship was tasked with planning numerous COAs. These COA's - and RFI's to the various COA's - changed on a daily basis. I was aware of several COA's; remove 2500 Sailors from the ship and place them in various locations onboard NB Guam. Move 4000 Sailors to BEQ rooms in Okinawa. Continue to Social Distance on the ship and remove only the COVID + Sailors to NB GUAM. The ship's recommendation was to move Sailors to a Hotel and isolate them in their own room IAW the CDC and the various COVID NAVADMINS. I was told this was a non-starter as Guam was not supportive of this. There was even discussion of returning to Sea and fighting through the virus, although I do not believe that ever gained any traction. The 5000 BEQ COA was a non-starter from the ship's view point as we were told that these rooms did not exist, but yet the ship went as far as providing rosters for 500 Sailors to leave and fly out on the following Monday. The feeling for many, at all levels of leadership, was there was no clear path on what they wanted the ship to do, there were constant RFIs, many were the same just asked in various ways, by the various staffs. There appeared to be indecision at many levels; never had a clear road forward. We felt we were in a worsening situation with directions we were unable to follow and being told to do the best we can do under

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the circumstances, as the various staffs were working the problem. As I was able to drive around to the various laydown sites for the Sailors I received the same question over and over; Do we have direction for the ship MC? "We have this NAVADMIN, so why can't we follow this NAVADMIN, it says to isolate, this is not isolation."

Several days into the offload I met with all the CMC's, NB Guam, Region, NH Guam, CTF 75, CAG and StrkGrp 9 and we discussed a variety of issues. The base was being tasked with providing support and it started with 800 beds, then 1200, then 2700, yet they could only support 700 meals per service, as they were still ramping up all the support services to accommodate 2500 TR Sailors ashore. Along with the Food the Quality of Life concerns were many, Coffee, cleaning supplies for the locations, and the meals were very small at first so they were requesting snacks. There were no snack machines or drink machines. Linen, blankets all the QOL stuff became an everyday request and with all the RFI's and questions it was hard to maintain. The ship did provide a list to every Sailor on what to bring with them when they departed the ship for the various locations.

The first several groups of Sailors departing TR did not go through an exit test protocol. That was not mandated until several days after we started offloading Sailors. Every Sailor was tested prior to leaving for a hotel and subsequently we all were tested. When we offloaded the Sailors they were spaced out in the Hangar bay alphabetically with their Seabags, checklist and contact information sheet. Eventually they were given water and MRE's but it took several days for all that to happen. The first week of being pier side was very chaotic and I felt that we were very reactive vice proactive. It was not until Captain Sardiello arrived that we took a short pause reflected on what we had done, looked at ways to improve the process. This short pause helped us all to refocus on the mission and our way ahead.

One of my tasking was to take pictures of all the locations, this occurred approximately 2 to 3 days after we started filling the Gyms with Sailors. I and the Base CMC went to all the locations. The only location I took issue with was the IEM warehouse they were still putting it together but it was very dirty, 1 male head with only 1 stall and 1 female head with only 1 stall. No shower facilities. They intended to arrange up to 700 Cots, and they wanted us to provide vehicles to take the Sailors about 3 minutes up the road to a bath facility. I did ask CMC why would we try to utilize this facility, and the answer was they were told to have 2700 beds available for TR and this was needed to reach that tasking. The Homes were fine, although some were dirty or had material deficiencies, but the base was working to get them ready, the gyms were okay as well although several had various QOL issues that over the course of time were fixed, but several did take some time. The biggest issue was the feeding of the Sailors in the early stages of the offload, such as two mozzarella sticks and an egg for breakfast. The young Sailors were complaining about all the QOL issues. The more senior Sailors were not as bad, as I felt they were more vested in the Navy and had trust in the overall leadership to get them through the ordeal. The younger Sailors had never been through a crisis and were still learning to trust their chain of command, and when this crisis is over and they have come through it they will have that

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Command Master Chief

experience and will trust the CoC for whatever next crisis will come along. In my opinion we have all experienced this in our Navy career.

I was aware of a draft white paper of 4 to 5 pages developed by the O-6s and SMOs to go to CCSG-9 as the way ahead. I was present when XO summarized the draft white paper and Skipper (CAPT Crozier) reviewed it. The SMO was providing various possible outcomes using data from all the COVID models and providing the data to the CO with estimates of possible + COVID individuals, and mortality rates among the crew, due to virus. Although I was present the CO and I never had a discussion on sending the letter, to whom he intended to send it to, or the method he intended to send it. All of these facts came after the letter was sent.

What do I think of the letter? This is my 4th tour as a CMC, with 10 years of experience as a MC; The CO was phenomenal, one of the two best I have had the pleasure of serving with, and he LIVED for taking care of his Sailors. He would always ask me is that the best we can do for the Sailor. After he sent the letter we spoke about it, he never mentioned to me that he released it to the Media and when it did get released I asked him if he did, he stated no, that it was never his intention for it to be released. One evening as we were talking, as we watched the Sailors leave the ship for the hotels, he mentioned he thought he would be fired over the letter. I jokingly stated to him they would wait until we arrived back in SD. As I have stated earlier I believe the biggest frustration for the Ships leadership was that it appeared from all the meeting and RFI's no one had a clear way forward on how we were going to combat this virus, all the while we continued to have Sailors testing positive with what appeared to be no way ahead.

I don't know who leaked the letter, but I do believe it was cowardly of the individual due to whom it was released to and that it was not their letter or thoughts, nor do I believe they had the Captains permission to do it.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

Signed

May 17th 2020

1900

(b) (6)

(Date)

Time



En Route to 'NAM

Agenda

- Care in 'Nam
- Hospitals in Vietnam
- MEDEVAC/Patient Transport
- Screening/Fleet Landing Plan
- Duty in 'Nam

After Action from Guam

- Sick call hours the same. Start at 0830.
- Place signage in morning on the Port Side
- Secure the starboard door.



USS THEODORE ROOSEVELT (CVN 71)
DA NANG, VIETNAM
5 MAR – 9 MAR
PORT CALL

MEDEVACS/OFF SHIP
EMERGENCY/CONSULT

Emergent Medical Care or Emergency MEDEVAC:

- Notify ACDO, SMO and Duty Provider.
- Notify ISOS.

TRICARE/INTERNATIONAL SOS (ISOS)

24 HOURS: (b) (6)

24 HOUR EMAIL: (b) (6) [@internationalsos.com](mailto:(b) (6)@internationalsos.com)

**** CVN 71 Medical Dept will NOT send patients to any hospital in Da Nang without ISOS approval except for emergencies.****

MEDEVACS/OFF SHIP EMERGENCY/CONSULT

Emergent Consults

- If urgent consult is required (trauma, patient reports to local hospital, orthopedics, etc) notify SMO and Duty Doc. If ISOS is needed, contact ISOS with required information:
 - Name
 - Date of Birth
 - SSN
- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel.
- Utilize the medical van for patient transport if directed to transport patient to Hoan My Da Nang Hospital.

Non-Emergent Consults:

- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel
- For non-emergent consults, ISOS will determine the best suited medical facility for the patients medical condition.
- Utilize the medical van for patient transport in non-emergent cases, in which ISOS has already been contacted and directed to transport patient to hospital. (Medical has driver and van available)

HEALTHCARE FACILITY

HOAN MY DA NANG HOSPITAL

161 Nguyen Van Linh Street, Thanh Khe
District,
Da Nang, Vietnam

From ship: (b) (6)

From local cell: (b) (6)

MEDICAL DEPARTMENT OFF SHIP COMM

DA NANG MEDICAL DUTY VAN

Name of Driver:

CELL NUMBER:

FROM SHIP: (b) (6)

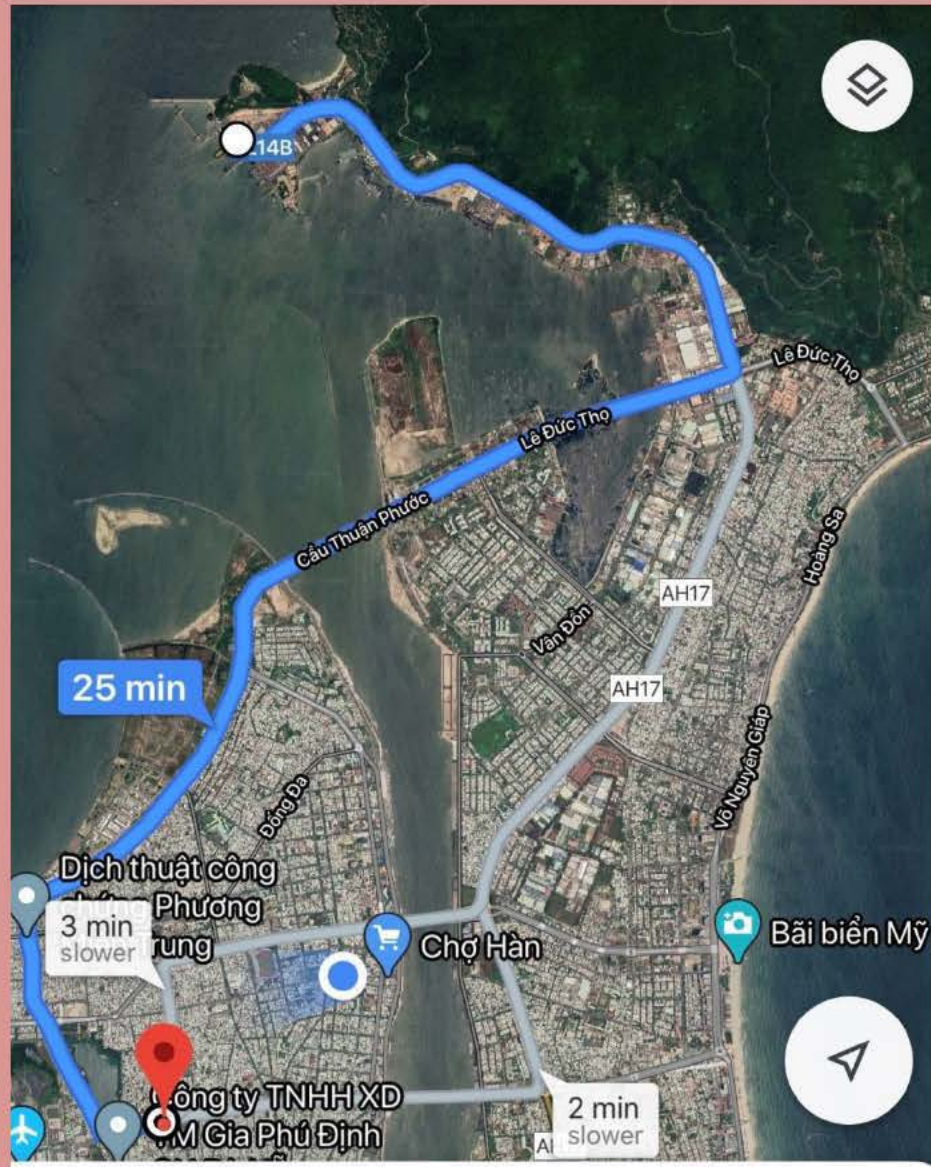
DUTY CORPSMAN ON THE PIER

CELL NUMBER (b) (6)

FROM SHIP:

FROM VIETNAM DUTY CELL TO SHIP:

(b) (6)



Medical Evacuation – Priority I

Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	Gender:
SSN:		Male Female
Cmd/Dept		
ICD-10 Code(s):	Allergies:	Medications:
Altitude restrictions? YES NO	Any precautions regarding contagious diseases? YES NO	Altitude restrictions? YES NO
Condition: (circle) Stable Critical	Aircraft Configuration: (circle) Ambulatory Litter	
Command Escort Require? YES NO	Medical Attendant? YES NO	
Medical Facility:		
Hospital:	Phone:	
Accepting Physician:	Phone:	

- Before the patient leaves :

A copy of all medical documentation that needs to accompany the patient.

- After the patient leaves I will need:

Brief summary of the medical picture. Message Traffic is required.

Patient Transport for Medical Reasons

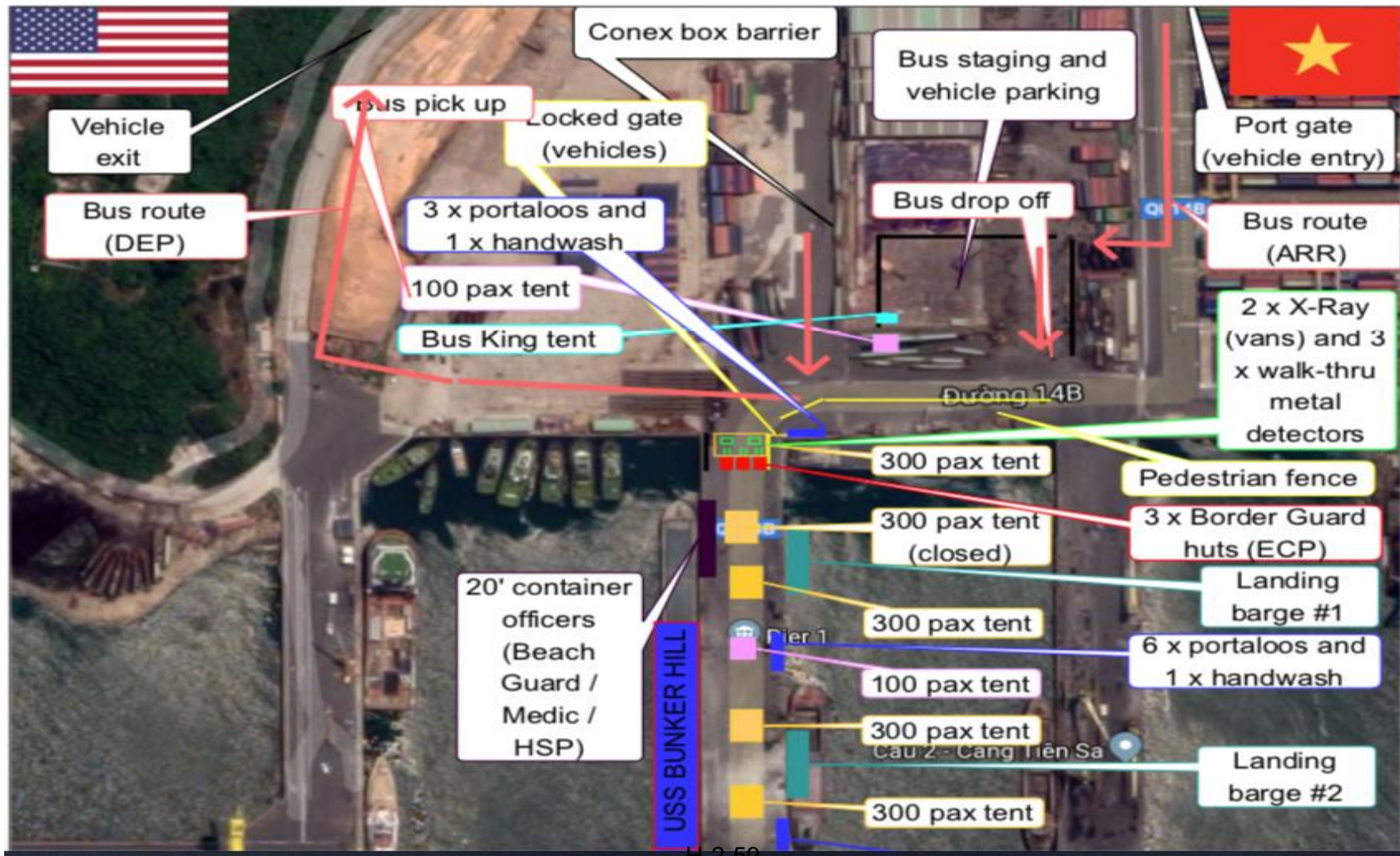
Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	
Cell Phone Number:	Cmd/Dept:	
If necessary, is patient able to tolerate the forces of a catapult launch? YES NO		
Command Escort Require? YES NO		
Provider to Provider Turnover: Hospital:		
Accepting Physician:	Phone:	Time and Date:

- Before the patient leaves :
A copy of all medical documentation that needs to accompany the patient.
- After the patient leaves I will need:
Brief summary of the medical picture



Screening/Fleet Landing Medical

Fleet Landing Layout



Screening Set up



ECP

Thermal scanner



Comms pending



LB

LB

U
S
S

B
K
H-2-59

LB= Landing Barge

USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN PAST 14 DAYS? YES NO
a. China, including Hong Kong and Macau

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

-
2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? YES NO
a. Japan
b. Singapore
c. South Korea
d. Italy
e. Iran

-
3. ARE YOU CURRENTLY SICK? YES NO
a. Fever
b. Chills
c. Cough
d. Sore throat
e. Shortness of breath
f. Body aches
g. Abdominal pain

*** IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT ***

-
4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? YES NO
a. Within 6 feet
b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)
c. Had direct contact with secretions (been coughed on, sneezed on, etc.)

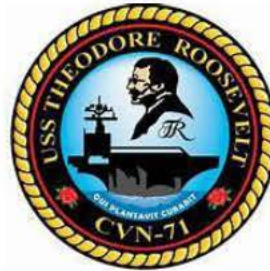
-
5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? YES NO
a. Facility visited: _____ (Medical Dept can query if cases reported there)
b. If "Yes", for Medical Department Representative inquiry only:
i. For what reason/condition: _____

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with DOD ID number, date, time, screener name, and temperature.

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- a. If temperature is greater than or equal to 100 °F (37.8 °C), log, **DENY ENTRY**, provide individual with a clean mask
b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete.

Screening/Fleet Landing Medical



No

Yes

FEVER?

Holding
area



Answer No: Welcome to the
TR

Screening

COVID-19 PRE-BOARDING QUESTIONS

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN THE PAST 14 DAYS?

- a. China (including Hong Kong and Macao)
- b.

IF "YES", YOU MAY NOT BOARD THE SHIP. PLEASE SEE MEDICAL.

2. HAVE YOU BEEN TO ANY MODERATE/SIGNIFICANT RISK COUNTRIES IN THE PAST 14 DAYS?

- a. Singapore
- b. Thailand
- c.

IF "YES" CONTINUE TO QUESTION 3. IF "NO", YOU MAY BOARD.

3. ARE YOU CURRENTLY SICK?

- a. FEVER
- b. CHILLS
- c. COUGH
- d. SORE THROAT
- e. SHORTNESS OF BREATH
- f. BODY ACHES

IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT MEDICAL!

4. HAVE YOU HAD CLOSE PERSONAL CONTACT (WITHIN 6 FEET, IN A CONFINED SPACE, OR BEEN COUGHED/SNEEZED ON) WITH ANYONE WHO IS SICK IN THE PAST 14 DAYS (SAME SYMPTOMS AS QUESTION 3)?

5. HAVE YOU VISITED ANY MEDICAL FACILITY IN A MODERATE/SIGNIFICANT RISK COUNTRY IN THE PAST 14 DAYS?

Answer Yes to questions: Take vitals (temperature) Patient logged in Green book. Place in holding area and coordinate with ship's medical for further evaluation.

Screening
Area

Medical Logistics/Set up

Logistics needed from
Supply:

- 5-10 chairs
- 1 tables (screening / equipment table)
- 1 tent (holding)
- Trash bin, trash bags
- Food for watchstanders
- Power source

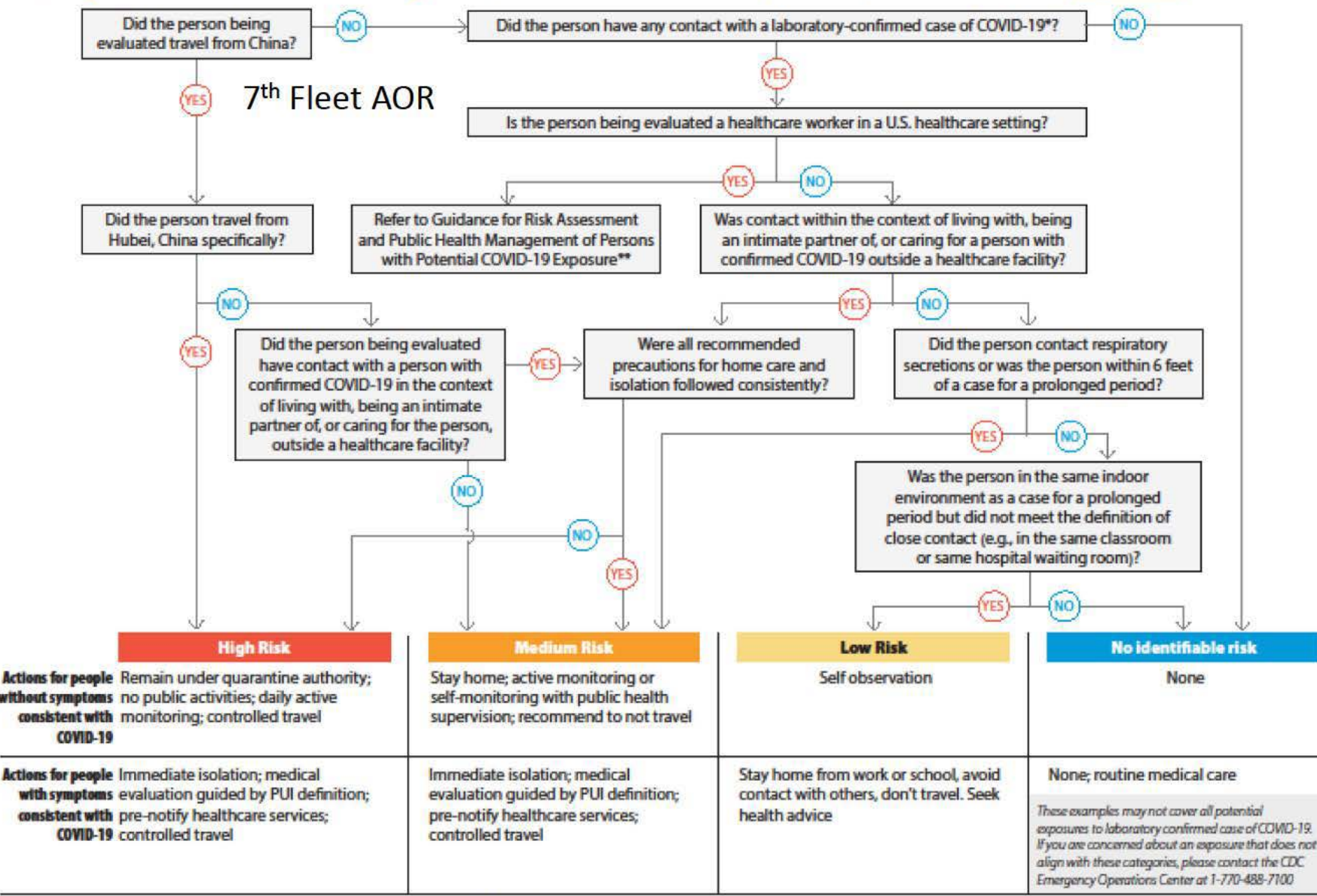
Medical Supplies:

- Thermometer
- Water
- Log book
- Hand sanitizer
- Vital signs
- Biohazard bag
- Alcohol swabs
- Chem lights
- Comm w/ ships medical
 - **Radio and radio charging station**



Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days



*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing

**Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

02/26/20

1-2-59

Medical Screening - Inbound COD

- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to (b) (6)), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.
- Department Level Screening
 - Ask member about COVID-19 specific symptoms
 - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
 - Patient dons surgical mask in medical
 - Fill out Respiratory Questionnaire (if initial visit)
 - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
 - Patients will wait until evaluated by provider.
 - Option #1: Quiet Room (1-6 people)
 - Option #2: Ward with Curtain closed(~10-15 people)
 - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
 - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

Medical Screening - Post Vietnam

- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.
 - Ask member about COVID-19 specific symptoms
 - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
 - Patient dons surgical mask in medical
 - Fill out Respiratory Questionnaire (if initial visit)
 - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
 - Patients will wait until evaluated by provider.
 - Option #1: Quiet Room (1-6 people)
 - Option #2: Ward with Curtain closed (~10-15 people)
 - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
 - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

Medical Screening - Inbound COD



- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to CAPT (b) (6), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.

Medical Screening - Post Vietnam

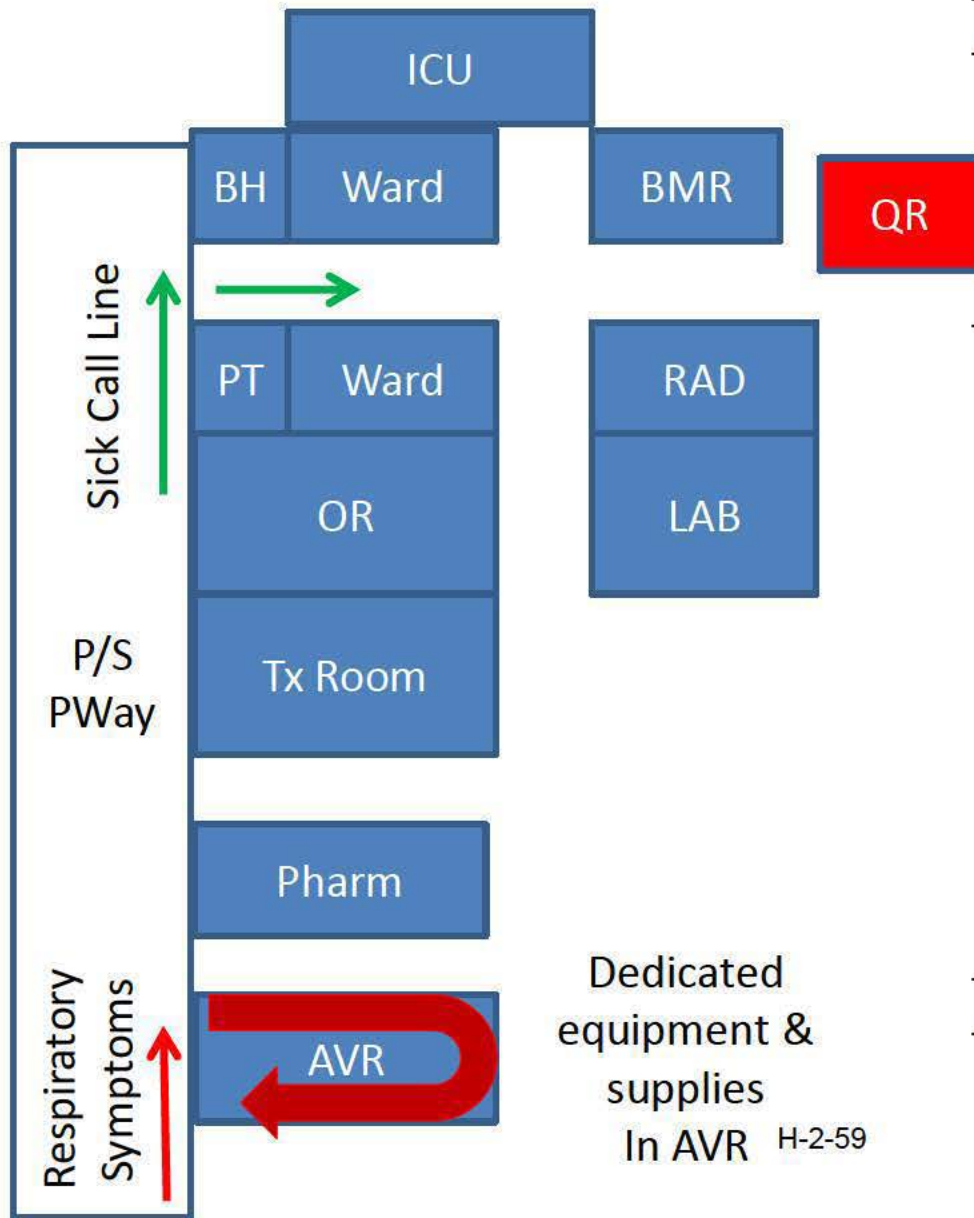


- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.

Department Level Screening

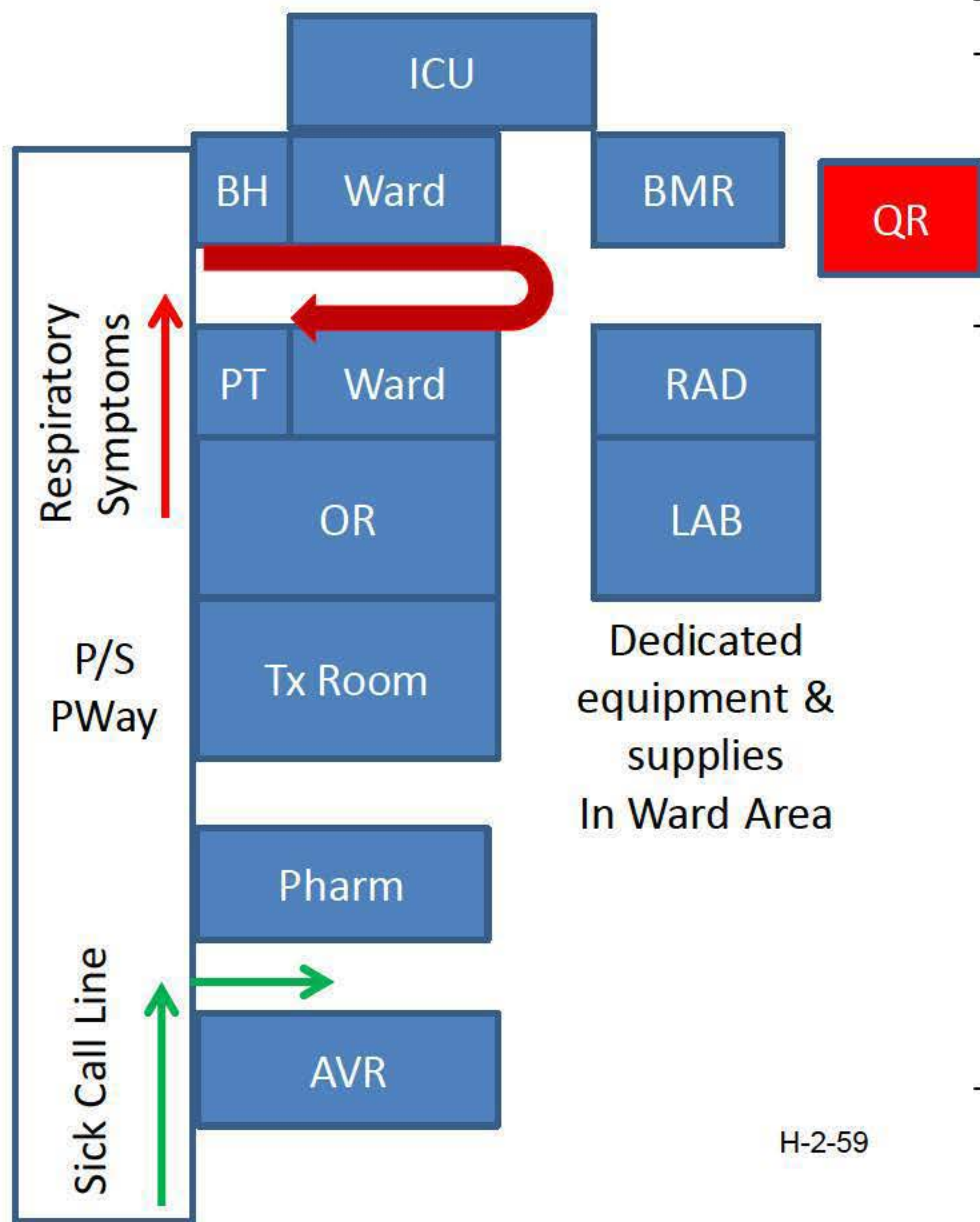
- Ask member about COVID-19 specific symptoms
- Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
- Patient dons surgical mask in medical
- Fill out Respiratory Questionnaire (if initial visit)
- Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
- Patients will wait until evaluated by provider for additional testing.
 - Option #1: Quiet Room (1-6 people).
 - Option #2: Ward with Curtain closed(~10-15 people)
- Daily re-evaluation will be completed.

COA #1



- Regular Sick Call enter via **PT/Psych Door**
- Flu-like Symptoms enter via AVR
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
 - Treat symptomatically with OTC Meds
 - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
 - Eval by Duty Doc/IDC to treat
 - Wait in AVR
 - If further testing required, moved to Quiet Room
 - Investigate for other etiologies
 - Test with Biofire
 - If positive → viral etiology
 - If negative → Covid -19 “research” sequence.
 - Quarantine/isolate
 - Re-eval by medical daily
- OTC Medications available to RN/HMs
- Daily Field Day in AVR post evaluation of patients (Quiet Room if applicable).

COA #2



- Regular Sick Call enter via AVR
- Flu-like Symptoms enter via PT/Psych
 - Don Mask (in line)
 - Screened with Vital Signs
 - Symptoms, but Temp < 100
 - Treat symptomatically with OTC Meds
 - Come back for Re-eval by medical daily 0700-0900
 - Temp > 100
 - Eval by Duty Doc/IDC to treat
 - Wait in PT Area
 - If further testing required, moved to Quiet Room
 - Investigate for other etiologies
 - Test with Biofire
 - If positive → viral etiology
 - If negative → Covid -19 "research" sequence.
 - Quarantine/isolate
 - Re-eval by medical daily
 - OTC Medications available to RN/HMs
- Daily Field Day in Ward post evaluation of patients (Quiet Room if applicable).

External Support

- The NAVMED R&D Team (1 lab) will support CTF-71.
- request arrival around 10 March (estimated).
- Players: LCDR (b) (6), PhD, MPH, HM1 (b) (6) (male), and (b) (6) (female)
- Equipment:
 - NGDS Biofire instrument and enough Biofire Respiratory-2 Panels to run diagnostics for the usual respiratory pathogens on up to 250 sailors. 1 hour run time, 10 at a time.
 - does not include COVID-19
 - 2 RT-PCR instruments on which we will be able to run COVID-19 “research only” assays for surveillance purposes
 - run approximately 800-1000 COVID-19 assays. 2 hour run time
- Training: teach MLTs to run the Biofire on ILI cases for diagnostic purposes. If the BioFire results are all negative, we then turn to the COVID-19 assay for surveillance purposes.

Quarantine Options

DV Row

- 6 rooms (2 person racks), cots for additional patients

Berthing

- Chief Overflow Berthing (aft mess deck)
- Admin Male berthing
- Medical Quiet Room (4 racks-isolated head)

Additional berthing

Brig

- Up to 20 (not ideal)

Logistics

- Heads
 - Secure heads for restricted use for isolated/ quarantined patients. If movement outside necessary, ensure wearing mask
 - Signage to secure the head for isolated/quarantined individuals only
 - Head cleaning with HTH, diluted chlorine bleach, cavicide with appropriate PPE
- Food delivery:
 - Delivered to them, wearing PPE.
- Laundry delivery
 - All laundry in tied plastic bag and transported.
 - Standard procedures for washing, minimal risk of transmission
- Trash
 - Soiled material and PPE tied in a sturdy leak proof bag and should be incinerated.
- Medical Checks
 - Daily medical checks. Must don appropriate PPE prior to entry and doff off BEFORE exiting.
 - Disposable or dedicated patient care equipment. Cavicide available.
 - Airborne precautions = N95 mask (fit testing)
 - Droplet= surgical mask

ILI thresholds

- Carriers 0.11%
- LHA, LHD, LSD, LCC: 0.41%
- DDG, CG, FG: 2.0%
- SSN, SSBN: 1.32%
- All others: 1.5%

MED DEPT- SHARED DUTIES

- Strict respiratory hygiene/cough etiquette
- Hand washing before and after patient
- Clean patient care bed and chair after every use
- In waiting area,
 - Surgical mask for URI symptoms
 - No touch receptacle for tissue disposal
 - Monitor replacement of hand sanitizer (walls units and mayo trays)

Duty Schedule

Name	Guam 7-10 Feb	'Nam 5-8 Mar	Guam 7-10 April	Thailan d 25-28 Apr	Singapor e 28 May- 01 Jun	Guam 11-14 Jun	Total duty days	Por ts off
LCDR (b) (6)	Duty (Day 1)	Duty (day 4)					2	0
LT (b) (6)	OFF	Duty (Day 3)					1	1
LCDR (b) (6)	Duty(Day 3)	Off					1	1
LT (b) (6)	Off	Duty(Day 1)					1	1
LT (b) (6)	Duty (Day 2)	Off					1	1
LT (b) (6)	Off	Duty (Day 2)					1	1
LT (b) (6)								



Da Nang Port Visit Overview Brief



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H-2-60



Summary of Changes Since 01 Mar20



- Updated proposed schedule (slides 5-7)



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Port Visit Snapshot



- Scheduled port visit to: Da Nang, Vietnam
- Arrive: 05 Mar, 0900
- Duty Sections:
 - Day 1 (05 Mar) – Thursday – Section 1/5
 - Day 2 (06 Mar) – Friday – Section 2/6
 - Day 3 (07 Mar) – Saturday – Section 3/7
 - Day 4 (08 Mar) – Sunday – Section 8/4
 - Day 5 (09 Mar) – Monday – Section 5/1
- Depart: 09 Mar, 1400



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Proposed Schedule



MON	2-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT																			
		Spouse																			
TUE	3-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT											HANOI								
		Spouse																			
			VNM Fly-Outs to CVN																		
WED	4-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		
		PACFLT	HANOI																		
		Spouse																			
		AMB																			
		CG																			
		CSG-9																			
													CSG9 Arrive Via COD. Time TBD								
			Non VNM Fly-Outs to CVN																		
		DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200		



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Proposed Schedule



THU	5-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		PACFLT	HANOI		FLY TO DANANG		Transit	PRESS PREP & LUNCH	Transit to Port	ARRIVAL CEREMONY & PRESS CONF	DPC and NAVY REGION 3 OFFICE CALLS				VN-HOSTED DINNER BANQUET (1830-2100)			HOTEL	
		Spouse																	
		AMB			FLY TO DANANG														
		CG	BREAKFAST		PACFLT Arrival		Transit												
		CSG-9	BREAKFAST		PACFLT Arrival														
					*SHIP ARRIVALS / SAILORS TRANSIT ASHORE							*MEDIA CVN TOUR 1	*MEDIA CVN TOUR 2				NAVY BAND at VN Hosted Dinner		
											COMREL #1- Voc.Center								

FRI	6-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		PACFLT	BREAKFAST/EXEC TIME 0930-1000 Transit to COMREL				COMREL #2 DV Visit	TRANS TO AM CHAM LUNCH	Am Cham Lunch	PRESS PREP and MEDIA HUB CALL (1315- 1430)		EXEC TIME	TRANS TO PORT	VIP CVN TOUR	CVN BIG TOP RECEPTION			HOTEL	
		Spouse																	
		AMB																	
		CG																	
		CSG-9																	
						COMREL #2- Charity Center			COMREL #3- Agent Orange Center				NAVY BAND ON CVN Reception						
				BAND @ COMREL		BIG TOP REHEARSE													
				Press @ COMREL		METOC Exchange													
					HA/DR Exchange (0900-1200, 1330-1530)														
					PRESS @ HA/DR Exchange														
		TOUR 1			TOUR 2				TOUR 3			TOUR 4							
			SOCCER																



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Proposed Schedule



SAT	7-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		PACFLT	EXEC TIME		HOTEL CHECKOUT, DEPARTURE		Depart TBD												
		Spouse																	
		AMB					Depart												
		CG							Depart										
		CSG-9																	
								COMREL #4- Hoa Mai Orphanage						COMREL #5- Dong A Language					
						BAND @ COMREL													
						PRESS @ COMREL													
						AIR TRAFFIC EXCHANGE													
						TOUR 5			TOUR 6			TOUR 7			TOUR 8				
						Volleyball													
SUN	8-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		CSG-9																	
								FIREFIGHTING EXCHANGE											
						Tour 9			Tour 10			Tour 11			Tour 12				
MON	9-Mar	DV	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
		CSG-9									*DEPART CEREMONY	*SHIP DEPARTURES							



Pre-Arrival Movement



Feb 27 Departure

LCDR (b) (6) (BG)	(b) (6) (MWR)
CDR (b) (6) (CDCO)	CDR (b) (6) (COMREL)
(b) (6) (NCIS)	LCDR (b) (6) (BG)
LCDR (b) (6) (SECO)	ENC (b) (6) (ENG)
LCDR (b) (6) (PAL)	LCDR (b) (6) (JUDGE)
ENS (b) (6) (VIN Deck AFL)	LT (b) (6) (MED)
LTjg (b) (6) (Dep PAO)	
CDR (b) (6) (SLG)	LT (b) (6) (SLG)
ATCS (b) (6) (SLG)	
LT (b) (6) (CSG9)	ENS (b) (6) (CDS23)

Mar 03 Departure

LCDR (b) (6) (SLG)
LCDR (b) (6) (SLG)
ATCS (b) (6) (SLG)
IT Rep



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Day 1



- Sea & Anchor Detail
- Arrival of Pilot & Attaché/ Vietnamese Delegation
- Anchored
- Setup of barges, water taxis, etc.
- Departure of Beach Guard & SLG
- Liberty Call
 - By Rank
 - Department 10% w/ head of line privileges (1 Liberty Buddy max.)



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Daily Inport Battle Rhythm



0630: TR CDO/ ACDO Turnover

0700: SLG submit daily report email to XO/DCAG/CMCs/CDO

0730: CSG 9 Turnover (CDO/ ACDO not required)

0800: Morning debrief/ phone-in of prior evening events

Nat'l Police/ Border Guard and Security/ NCIS pier meeting

0900: Release daily report email to distro

2359: Final SLG/ Shore Patrol sweep of bars/ common areas



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Logistics



❑ LOGREQ submitted: 211246Z FEB 20

❑ **44 Buses total** [3 express routes to 3 separate approved liberty drop off points]

42 w/out
PKN

For duration of port visit

- Express Route 1: Fleet Landing to Beach Bus Stop (30 minutes 1 way)
- Express Route 2: Fleet Landing to Green Plaza Hotel Bus Stop (30 minutes 1 way)
- Express Route 3: Fleet Landing to Novotel Park Bust Stop (20 minutes 1 way)
- 4 Buses dedicated for COMREL

❑ **Water Taxis (8 Total)** [~15 min – 20 min one way]

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD
				250	125	75	
5-Mar	8:00 AM	11:00 AM	3:00	1	0	1	325
	11:00 AM	1:00 AM	14:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200
6-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450
	7:00 AM	1:00 PM	6:00	4	2	2	1400
	1:00 PM	5:00 PM	4:00	1	1	1	450
	5:00 PM	1:00 AM	8:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200

RECEPTION

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD
				250	125	75	
7-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450
	7:00 AM	1:00 PM	6:00	4	2	2	1400
	1:00 PM	8:00 PM	7:00	1	1	1	450
	8:00 PM	1:00 AM	5:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200
8-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450
	7:00 AM	1:00 PM	6:00	4	2	2	1400
	1:00 PM	8:00 PM	7:00	1	1	1	450
	8:00 PM	1:00 AM	5:00	4	2	2	1400
	1:00 AM	5:00 AM	4:00	0	1	1	200
9-Mar	5:00 AM	11:00 AM	6:00	4	2	2	1400
	11:00 AM	3:00 PM	4:00	1	0	1	325



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Logistics



- 193 Cell Phones
 - 12 for ADVON
- 3 meals/day for SLG, Security, and Beach Guard
- 7 Tents with tables, chairs, and lighting
 - 5x 300 and 2x 100 person capacity
 - Tent/awning provided at ECP – watchstanders / shelter
 - 2- 20ft trailer offices
- 15 Porta Johns w/ Hand Washing Stations
- 11 Sedans, 8 Vans (with drivers)

SEDANS

FLAG
COS
CO
XO
SSP
CAG
DCAG
DESRON
DDESRON
Beach DET
PAO

VANS

Shore Patrol (3)
Duty Driver (1)
Medical (1)
CAG Staff (1)
CSG Staff (1)
CDS-21 Staff (1)



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Logistics



- Standard Barge Services
 - CHT, Potable Water, Oily Waste, and Trash
- Laundry/ SLG shirt:
 - P/U at 0915 return 2000
- \$ Exchange at Fleet Landing



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Liberty Policy



- **Senior person present rule**
 - The senior person at the scene of a liberty incident is required to attempt to prevent, and to intervene to stop a liberty incident.
- **Liberty buddies**
 - Required except while on COMRELs or MWR groups leaving from and returning to Fleet Landing. Buddies have a duty to prevent liberty incidents.
- **Training**
 - Command-wide liberty briefs are required, in addition to khaki-led liberty briefs within each division.



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Liberty Policy



Written liberty plans

Required for E-5 and Below. Submitted thru CoC for review, DLCPO/ HoD for approval. Maintained w/in department.

USS THEODORE ROOSEVELT (CVN 71)/CVW-11 INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: _____ Age: _____ Date: _____ DIV: _____ Duty Section: _____

LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)

E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359

☐ Class Alpha Liberty expires at 2100 onboard. ☐ Class Bravo Liberty expires at 1800 onboard.
☐ Class Charlie Liberty onboard.

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents? YES / NO (Circle one)
2. If you are of legal age to drink alcohol, are you going to drink responsibly? YES / NO / N/A (Circle one)
3. Are you aware of the liberty policy? YES / NO (Circle one)

THURSDAY, 05 MARCH 2020 SECTION 1 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: _____

Overnight Location: _____ Recall Phone #: _____

Hotel Name: _____ Hotel Phone #: _____

Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____ Signature: _____

Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____ Signature: _____



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C7F Liberty Policy



- **Division recall.**

- For all liberty incidents, the Sailor's entire **division** is placed in a duty status and recalled to the ship to complete a remediation plan and critique.
- Requires first flag officer authority to return the division to liberty.



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Liberty Logs



- All Hands will sign in/out
- Department/ squadron will maintain LIBERTY LOGBOOK and manned at all times
- Maintained w/in department daily until 1900 then transferred to HB3
 - Remain until last sailor in department accounted for
 - Monitored by E-7 and above
 - Squadron logbook will remain in Ready Room



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Liberty Logs



DEPARTMENT LIBERTY LOG								PORT VISIT: D	
RATE	NAME	DIVISION	SHORE PASS #	LIBERTY EXPIRES WHEN?	LIBERTY BUDDY NAME(S) (MAX 4 BUDDIES)	WHAT ARE YOU DOING? WHERE ARE YOU GOING?	MEMBER SIGNATURE WITH "TIME & DATE"	OVERNIGHT	COMMENTS BERTHING COMPARTMENT AND RACK #
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							OUT: IN:	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:

Once signed, no hand written entries or changes are permitted.										
DEPARTMENT:				DIVISION:						
HOD:		DLPCO:								
Special Instructions:				ALL PERSONNEL ARE REQUIRED TO FILL OUT DEPT LIBERTY LOG **NO EXCEPTIONS**		Muster time: 2200 - 0100				
				Late Night/Morning muster is MANDATORY		DEPT Late Night/Morning muster email: EMAIL: @cyn71.navy.mil				
						Approval HOD DLPCO				
VIETNAM OVERNIGHT LIBERTY LOG WILL BE GIVEN OVERNIGHT PERMIT BEFORE DEPARTURE										
DUTY SECTOR	LAST	FIRST	REPORT NUMBER	PL	EX	ATI	How Many	mb	HOTEL & HOTEL RECALL #	PERSONAL EMAIL



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Vietnam Serialized Shorepass



- Required to go on/off Fleet Landing
- Loss of Shorepass
 - Report IMMEDIATELY
 - Requires Diplomatic Intervention
 - Verify identity IOT access Fleet Landing & return to ship
 - Memo signed by TR CDO
 - Takes **days** to replace/ liberty secured until then
- **ALL** Shorepasses must be returned/accounted for



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Overnight Permits & Shorepass



Overnight Liberty Permit

- Requires Passport (NO Exceptions)
- Includes: name, passport number, and approved hotel

.....BPCK CẢNG GIẤY PHÉP - PERMIT
Số:...../GP Ngày hết hạn/ Date of expiry:
Họ và tên/Full name:
Quốc tịch/Nationality:
Số CMND-HC/ID-Pasport/N^o:
Được phép/Is allowed:
Ngày tháng năm
CHỈ HUY ĐƠN VỊ

CHÚ Ý/NOTE
Xuất trình Giấy phép kèm Giấy CMND hoặc hộ chiếu/
This Permit should be presented with ID or Passport

Shorepass

- Individually Serialized
- Each ship different color
- Liberty card \neq Visa (not the same)



****PROTECT Liberty Card like CAC or Passport****



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Liberty Expiration



- Curfew
 - 2400-0700
 - Be in a hotel or Ship/Fleet Landing.
 - May **NOT** be in public, to include: hotel bar/pool/lobby.
- Overnight liberty **NOT** authorized before duty day.
- ALL HANDS not on overnight liberty must be at fleet landing and returning to the ship by the following times
 - E-4 and below – 2200
 - E-5 and E-6 – 2300
 - E-7 and above – 2359

*** LAST DAY (Monday, 09 Mar) Liberty Expiration is 0900 at FLEET LANDING for ALL HANDS***



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Liberty Risk Program



- ALPHA (2200 curfew)
- BRAVO (1800 curfew)
- CHARLIE (No liberty, **Fleet Landing Only**)

* No alcohol for any liberty risk category*

LIBERTY RISK NOMINATION FORM							
From:			Date:				
NOMINEE							
Name:		Rank/Rate:		DEPT/SQDN:			
LIBERTY RISK RECOMMENDATION							
(NORMAL LIBERTY)	<input type="checkbox"/>	(A)	<input type="checkbox"/>	(B)	<input type="checkbox"/>	(C)	<input type="checkbox"/>
REASON FOR NOMINATION:							



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Religious Articles & Engagements



- Permissible Items
 - Bibles
 - Crosses
 - Religious mandated attire
- Not Permissible
 - Distributing flyers/
handouts
 - Approaching/ inviting
discussion

Violations draw undue attention = diplomatic repercussions



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Getting Around Da Nang



- HSBC Bank only International ATM available
- All taxi services are authorized
 - Be prepared to pay in local currency (Dong)
- Returning to the ship
 - Cabs can be directed to (searchable on Google maps)

Tien Sa Port

1 Yet Kieu

Tho Quang



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Water Taxi Schedule

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD	CAPACITY REQUESTED THIS PERIOD	CAPACITY DIFFERENCE
				250	125	75			
5-Mar	8:00 AM	11:00 AM	3:00	1	0	1	325	50	275
	11:00 AM	1:00 AM	14:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
6-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	5:00 PM	4:00	1	1	1	450	700	-250
	5:00 PM	1:00 AM	8:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
7-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
8-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
9-Mar	5:00 AM	11:00 AM	6:00	4	2	2	1400	20	1380
	11:00 AM	3:00 PM	4:00	1	0	1	325	21	304
RECEPTION									



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H-2-60



Liberty Area (Da Nang Province)

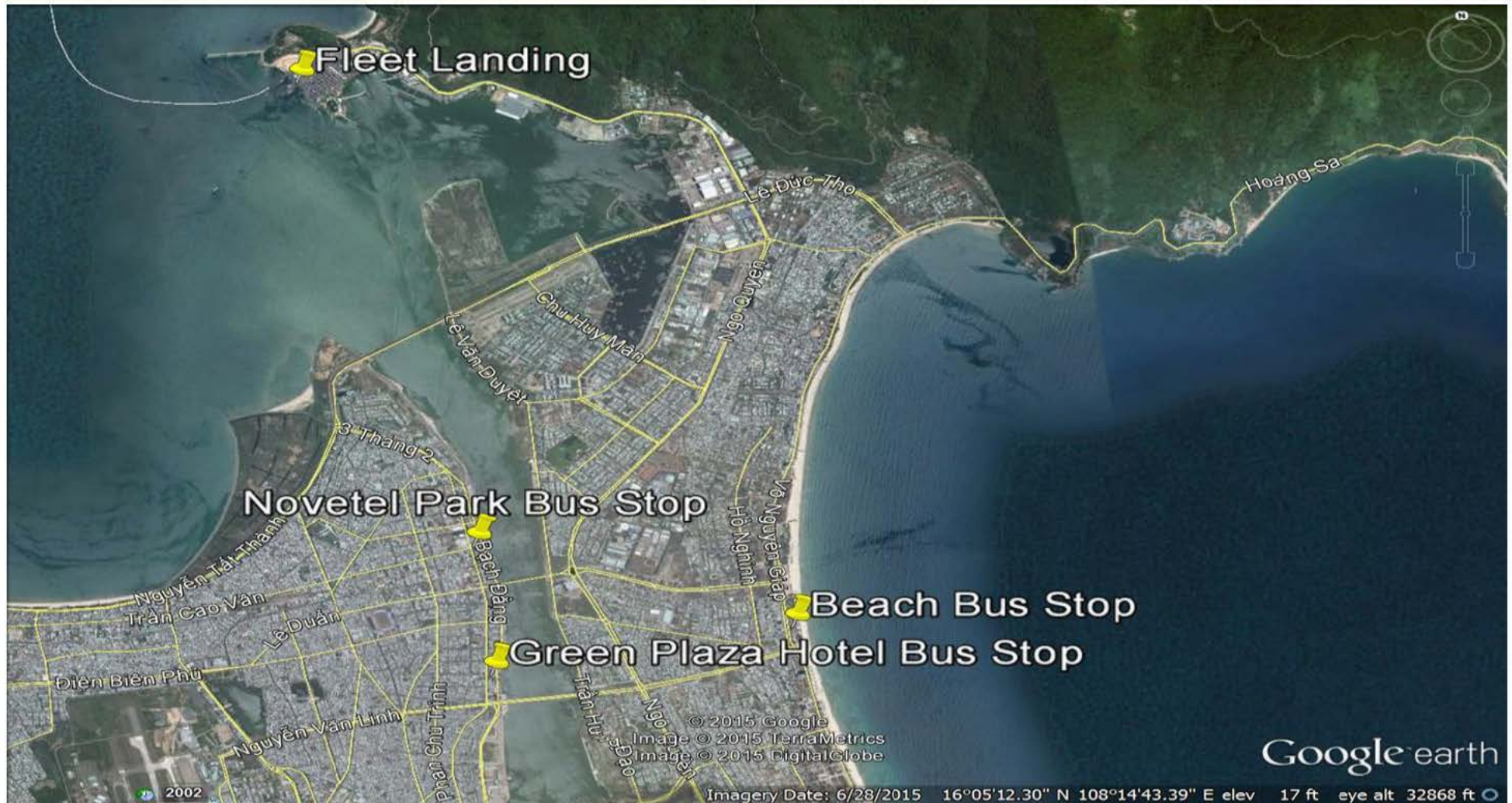


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Bus Stops



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Approved Hotels & Drop Off



Downtown North/ Novotel

- Da Nang Golden Bay
- Stay Hotel
- Zen Diamond Suites Hotel
- Novotel Premier Han River
- Hilton Hotel Da Nang

Downtown South/ Green Plaza

- Brilliant Hotel
- Vanda Hotel
- Samdi Hotel
- One Opera Hotel

Beach

- A la Carte
- Belle Madison Parosand
- Mandila Beach Hotel
- BlueSun Hotel
- Paris Deli Danang Beach Hotel
- Royal Lotus Hotel
- Sofia Boutique Hotel*
- Sofia Suites Hotel*
- Four Points by Sheraton

Beach Other

- Premier Village Da Nang Resort
- Pullman Danang Beach Resort
- Intercontinental Da Nang
- Hyatt Regency Danang
- Olalani Resort and Condotel

*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.



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Public Affairs



3 & 4 Mar	5 Mar	6 Mar	7 Mar	8 Mar	9 Mar
<ul style="list-style-type: none">DV Embarks	<ul style="list-style-type: none">Arrival CeremonyPress Conference with 70 MediaNavy Region 3 Office CallDPC Office CallVN-Hosted Dinner (includes joint band performance)CVN Tour for 50 Media1 COMREL	<ul style="list-style-type: none">4xCVN DV Tours for 200 DVs1xProfessional Exchange with 50 VN guestsSoccer Game2 COMRELsVIP CVN TourBig Top Reception for 500	<ul style="list-style-type: none">CPF Departs Da Nang4xCVN Tours for 200 DVs1 Professional Exchange with 50 VN guestsVolleyball Game2 COMRELsPublic Band Concert	<ul style="list-style-type: none">4 CVN Tours for 200 DVs2 Professional Exchanges with 100 VN guests	<ul style="list-style-type: none">Departure Ceremony



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Crew Engagement



Professional Exchanges

Topic	<div>TBD</div> Date / Time	Description	Reciprocal Visit	Participants	Notes
Culinary	6 Mar / 0800	30-min tour of galley spaces fwd to aft + TR hangar bay and flight deck tour	Vietnamese demo at local restaurant + lunch	<ul style="list-style-type: none">50 from Vietnam10 TRSG SUP Sailors	<ul style="list-style-type: none">TBD is group lead; presenting plaqueMedia is expected at off site portion of the exchange
Air Traffic Controller	7 Mar / 0800	30-min tour of Air Ops and CATCC + TR hangar bay and flight deck tour	TBD	<ul style="list-style-type: none">50 from VietnamAssigned OPS personnel	<ul style="list-style-type: none">TBD is group lead; presenting plaque
Medical	7 Mar / 1300	1-hr CVN tour + tour of medical and dental spaces	No	<ul style="list-style-type: none">50 from VietnamAssigned Med/Dental personnel	<ul style="list-style-type: none">Ship's Nurse is group lead; presenting plaqueMass casualty best practices and standard care for Sailors
Firefighting	8 Mar / 0800	TR tour + DCA-led tour of DC-related stations/spaces; demo	Tour of a Da Nang Fire Station	<ul style="list-style-type: none">50 from Vietnam10 TR ENG Sailors	<ul style="list-style-type: none">DCA is group lead; presenting plaque
METOC	8 Mar / 1300	TR tour + METOC-led tour of METOC spaces; demo	TBD	<ul style="list-style-type: none">50 from Vietnam10 TR Sailors	<ul style="list-style-type: none">METOC is group lead; presenting plaque



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Crew Engagement



Sporting Events

Sport	Date / Time	Description	Participants	Notes
Soccer	6 Mar / 1000	Details still being finalized among USEMB and DPC's Culture and Sports Department. Game will be hosted at a Vietnamese sports facility.	<ul style="list-style-type: none">30 from local sports team or university30 from TRSG	<ul style="list-style-type: none">MAC (b) (6) (Lead)Lead will present plaque
Volleyball	7 Mar / 1000	Event expected to feature several smaller games in a tournament format. Details still being finalized among USEMB and DPC's Culture and Sports Department. Game will be hosted at a Vietnamese sports facility.	<ul style="list-style-type: none">20 from local sports team or university20 from TRSG	<ul style="list-style-type: none">Group lead is TBDLead will present plaque

CPF Band Public Concerts

Event	Date / Time	Description
Outdoor Concert	5 Mar / 1800	The CPF Band is scheduled to perform at TBD. The free public concert will be advertised by DPC's Culture and Sports Department.
Joint Concert	7 Mar / 1800	The CPF Band is scheduled to perform at TBD with local Vietnamese musicians. The free public concert will be advertised by DPC's Culture and Sports Department.



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Tours



- **Dates:** 5-8 Mar
- **15 Groups (including 2xmedia tours)** / 50 per group
- **Duty Section support required**
 - **Muster Location:** Fantail
 - **Uniform:** NWUs

5 Mar

- Muster at 1345
- Personnel Support
 - 10 Duty Section personnel
 - 2 MCs
 - 2 Translators

6 & 7 Mar

- Muster at 0830
- Personnel Support
 - 10 Duty Section personnel
 - 3 MCs
 - 4 Translators

8 Mar

- Muster at 0830
- Personnel Support
 - 10 Duty Section personnel
 - 3 MCs
 - 4 Translators

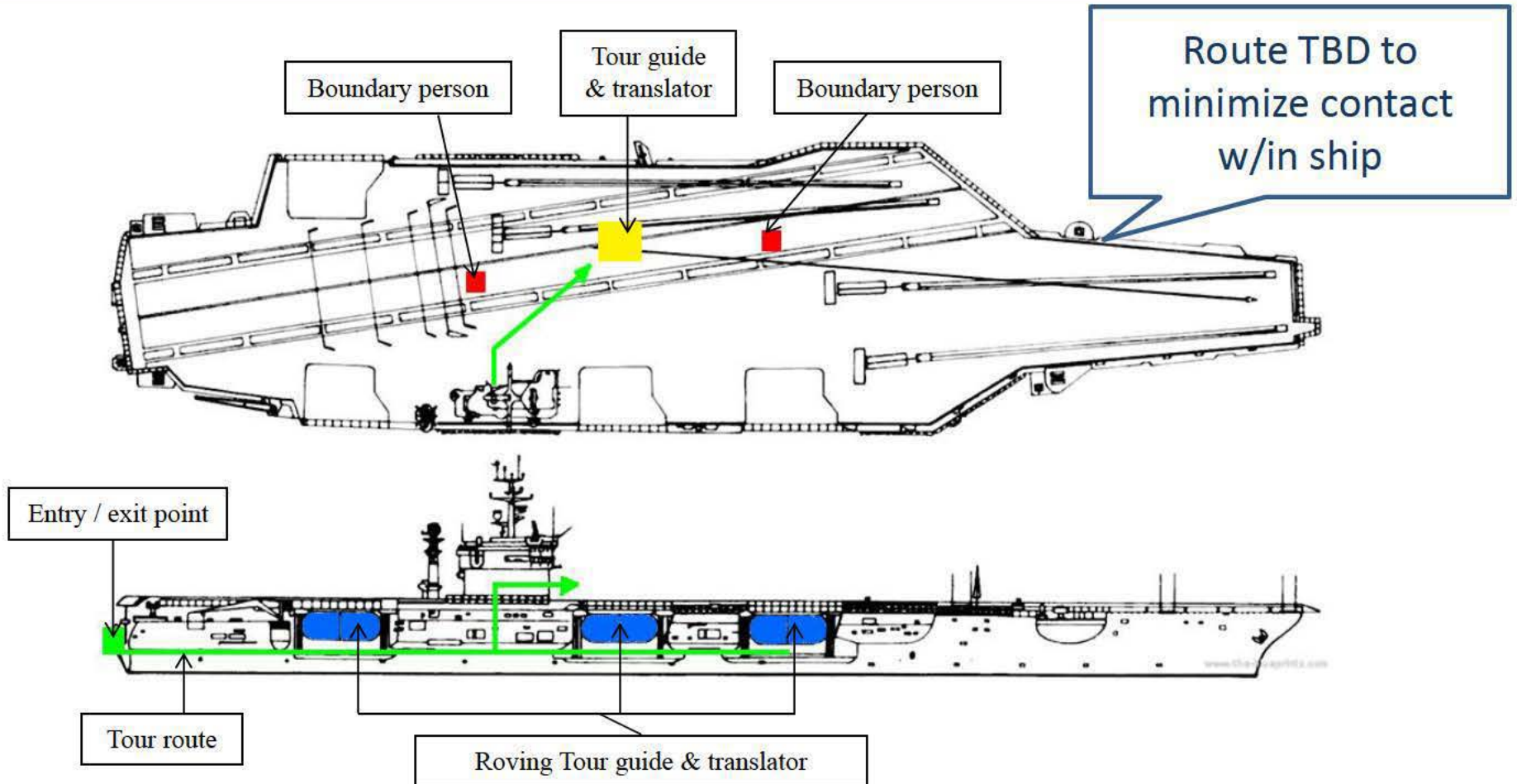


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Tours



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Big Top Reception



- Reception on Friday, March 6th, 1800-2100
 - 400+ Dignitaries, Guests, and Media
 - Uniform for Attendees: Summer Whites (E-7 and above, Dress Whites (E-6 and below
- Impact
 - HB2 Secured for Reception
 - HB3 Limited Access for Arrival/ Departure of Guest
 - Liberty Boat Traffic Secured
 - Inbound 1700-1800
 - Outbound 2030-2130

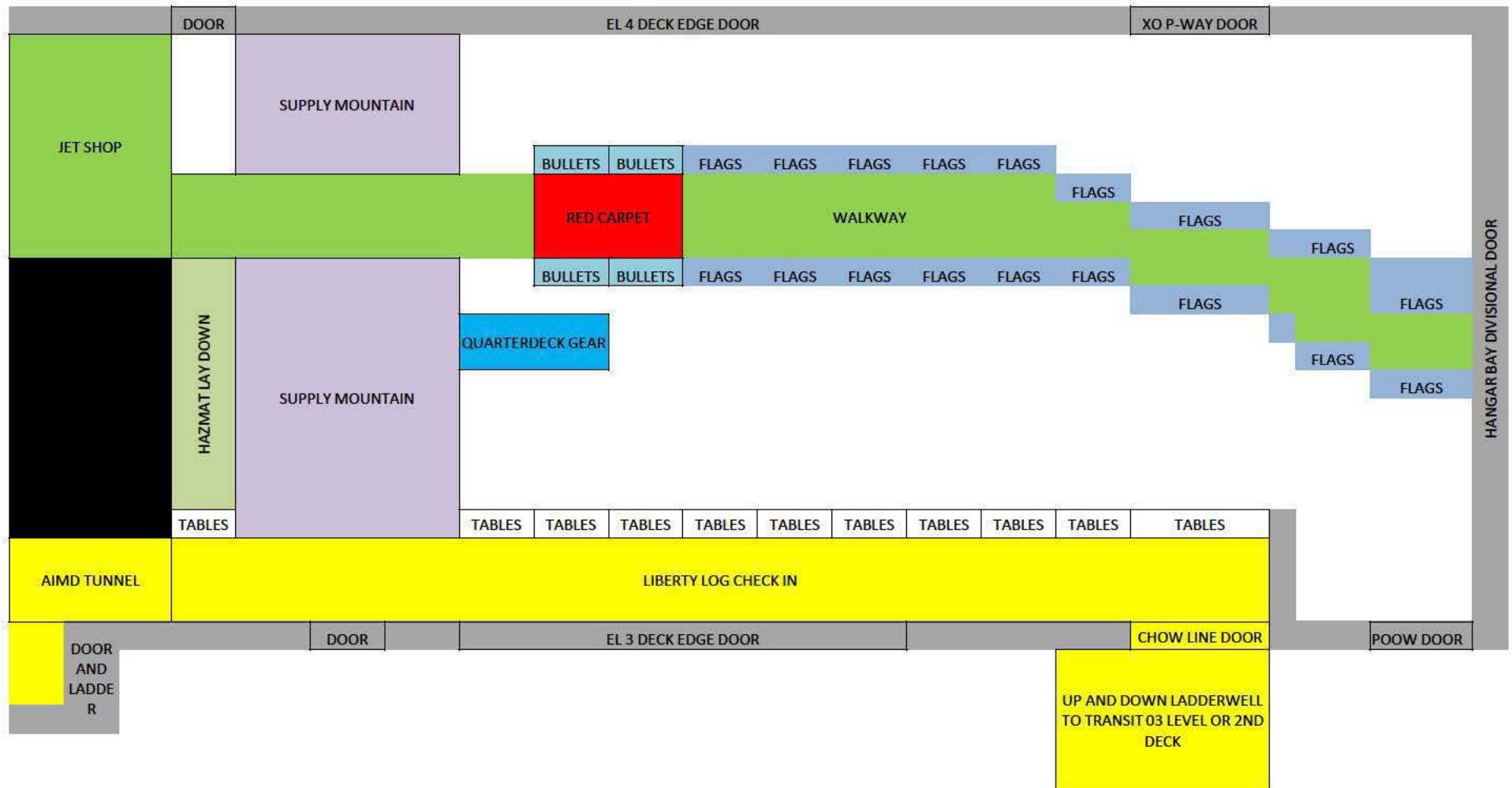


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Big Top Reception



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MWR



Da Nang Tours, Timeline & Pricing

- Tours are available March 6-8
- **Only** MWR tours are allowed outside of the Da Nang Liberty Zone
- Non-refundable unless cancelled by MWR or Tour Company
- **All** tours depart from Fleet Landing

Tour Name	TOUR MIN	COST	Muster on Pier	Tour Start	Tour End
MY SON & HOI AN TOUR	10	\$44	0730	0800	1800
HOI AN NIGHT TOUR	10	\$28	1430	1500	2200
DA NANG CITY TOUR	10	\$36	0730	0800	1700
HUE CITY TOUR	10	\$48	0730	0800	1800
BA NA HILLS TOUR	10	\$60	0730	0800	1600
VIETNAMESE COOKING CLASS	10	\$40	0830	0900	1400
DAY SNORKELING @ CHAM ISLAND	40 MAX	\$64	0630	0700	1700
**SCUBA DIVING @ CHAM ISLAND	15 MAX	\$100	0640	0700	1700



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COMREL



- 5 COMRELs for 160 Sailors (30-40 Sailors per COMREL)
 - **Vocational Charity center (BUNKER HILL)**
 - **Association of Agent Orange Victims.** Sailors will assist with maintenance and area beautification.
 - **Humanitarian Charity Center.** Performance by the band, indoor and outdoor games.
 - **Dong A University.** Language exchange with local students and outdoor soccer game.
 - **Hoa Mai Orphanage.** Maintenance and outdoor games.



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COMREL SCHEDULE



5 Mar	6 Mar	7 Mar
COMREL 1 – Vocational Charity Center (BKH) <ul style="list-style-type: none">Address: Le Dinh Chinh, Hoa Quy, Ngu Hanh Son, Da Nang1500-170030 Sailors	COMREL 2- Humanitarian Charity Center (TR) <ul style="list-style-type: none">Address: 12 Thanh Huy 2, Thanh Khe Dong, Thanh Khe, Da Nang0930-113030 SailorsU.S. Ambassador likely to attend. COMREL 3- Association of Agent Orange Victims Center(TR) <ul style="list-style-type: none">Address: To 6, thon Phuoc Hung, Hoa Nhon, Hoa Vang, Da Nang1400-170030 Sailors	COMREL 4- Hoa Mai Orphanage (TR) <ul style="list-style-type: none">Address: To 45 Mai Dang Chon, Hoa Quy, Ngu Hanh Son, Da Nang0900-113030 Sailors COMREL 5- Dong A University (TR) <ul style="list-style-type: none">Address: 33 Xo Viet Nghe Tinh, Hoa Cuong Nam, Hai Chau, Da Nang1430-163040 Sailors



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Religious Ministries Program



Inport Worship Services

Daily

Islamic Prayer (Chapel): 1700 - 1800

Friday

Islamic Lay-Led Service (Chapel): 1300 - 1400

Sunday

Catholic Mass (Chapel): 0730 - 0800

General Protestant Service (Theater): 0730 - 0830

Church of Jesus Christ of LDS (Chapel): 0900 - 1000



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Fleet Landing



- Single Entry/ Exit
- Services
 - Currency Exchange
 - Food/ Drink Vendors (Pending)
 - Wifi
 - Laundry Services (Pending)



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Beach Guard



- Uphold good order and discipline at Fleet Landing maintaining safe and efficient Liberty Boat and bus operations
- Provide back up assistance to SLG as necessary
- Greet DV's and direct them onto liberty boats for Big top event



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Shore Liaison Group (SLG)



- Lead: VAW-115
- 2 Shifts with 23 two-person teams
 - 1100-1800 / 1800-0100
- Composition:
 - Officer or Chief head of each area
 - Chief or E-6 team lead
 - Teams of two
- CruDes Support
 - Independent Foot Patrols
 - Representative at HQ



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SLG Foot Patrols



- ☐ North Han River
 - 3 teams, 6 total personnel
- ☐ Bach Dang Area / Han Shopping Mall
 - 4 teams, 8 total personnel
- ☐ Dragon Bridge / Marina
 - 4 teams, 8 total personnel
- ☐ Non Nuoc (China) Beach - North
 - 3 teams, 6 total personnel
- ☐ Non Nuoc (China) Beach - Central
 - 3 teams, 6 total personnel
- ☐ My Khe Beach/Marble Mountains
 - 4 teams, 8 total personnel
- ☐ Mobile Team
 - 2 teams, 4 total personnel

Flexible
locations

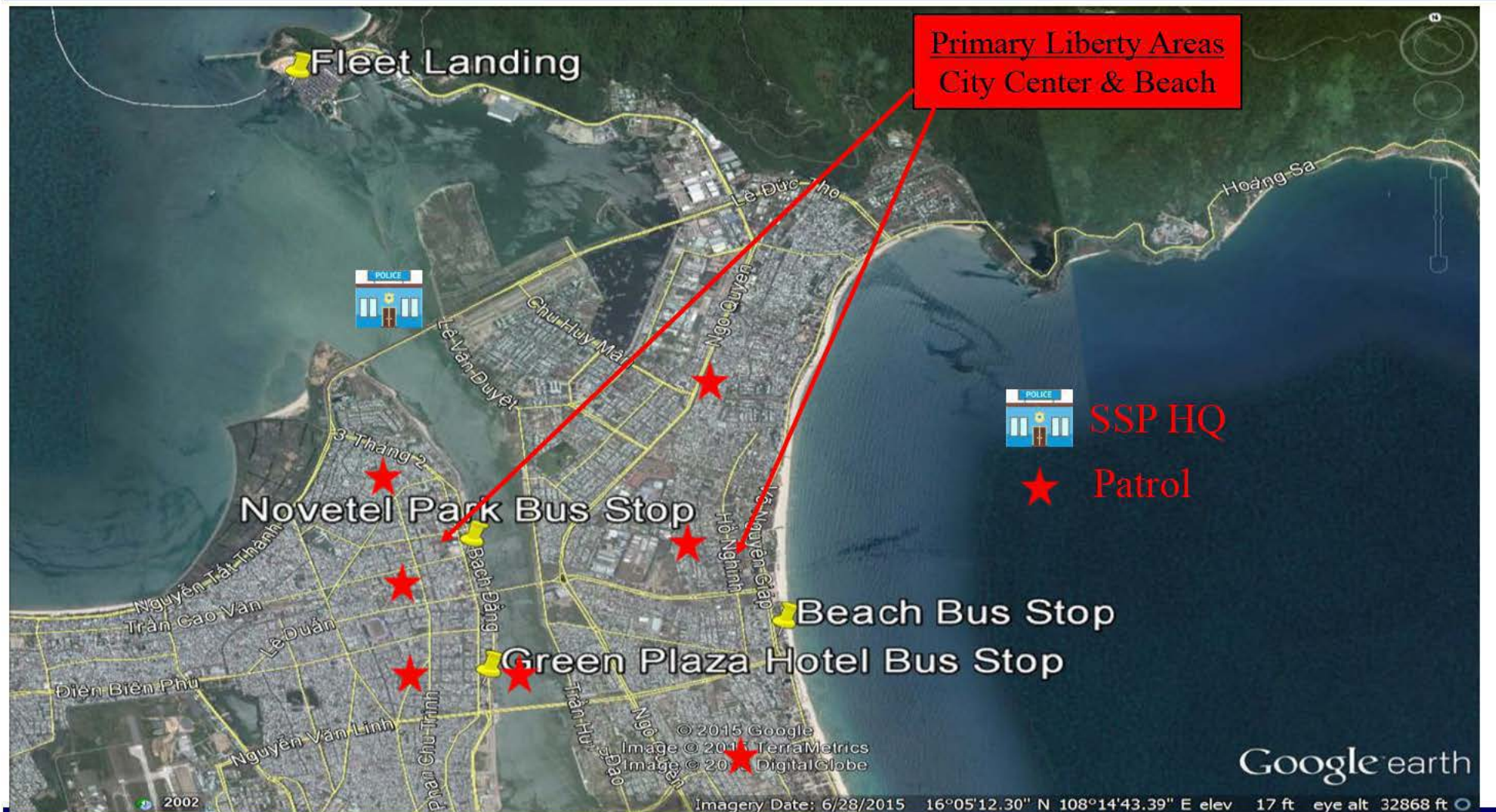


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SLG Coverage



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Legal



- While in Vietnam, we are subject to local laws and can be prosecuted and jailed in Vietnam.
- There is **NO** Status of Forces Agreement.
- **Prohibited activities:** riding on two-wheels (motorcycle/scooter/moped/bicycles); operating wave runners, jet skis, or power boats; bungee jumping, parasailing, hitchhiking, sky-diving, etc.
- **NO** Car Rentals!
- Don't hand over your Military ID/CAC—*restaurants may ask for an ID card when ordering, in order to discourage walk-offs. Use a credit card instead. It is okay to show your Military ID/CAC to local law enforcement.*



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Legal – Off Limits



- Houses of Prostitution—*prostitution is illegal under both Vietnamese Law and the UCMJ*
- Tattoo/Piercing establishments—*not uncommon to be infected with incurable Hepatitis disease, even from just one piercing/tattoo in this country.*
- Local Pharmacies—*many drugs contain U.S. scheduled/controlled substances and will result in a positive urinalysis, NJP, and ADSEP.*
- Establishments selling counterfeit merchandise—*it is illegal to bring counterfeit goods to a U.S. Navy Ship or import them into the U.S.*
- Leaving the province, except on an authorized MWR tour



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Security



- **CSW Condition IV (covered)**
- **HN UAS countermeasures**
- **Escort Boats**
 - Channels 13, 14 or 15 (Attempt communications in that order)
 - Martin from Qube (contract service provider) is working to get the exact coordinates of Pilot/Border Guard pickup.
- **Picket Boats**
 - Coverage will be provided 24/7 but US cannot have personnel onboard.
 - 2 English speakers onboard two of the four boats (exact boats TBD)
- **EOD**
 - USCT reported that EOD would not be allowed to enter the water at the pier. A translation error was identified by the US team so we will re-engage. Our request is EOD to swim the surface and not dive (underwater ops) the pier.
- **HN ECP**
 - Medical screening will take place inside ECP after processing through ECP. PKN will not be present.



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Security



- **Communications**

- Escorts Channels 13, 14 or 15. For Fleet landing 16 local radios will be provided.

- **Reception parking plan-**

- Bus pickup changed and reception parking will be North East (above the bus parking area). Sailors are encouraged to take the shuttle bus vice a cab back to the pier. Shuttles from the port entrance to the ECP will only be available from 1200-0000.

- **Fleet Landing Security**

- If a Sailor is caught out in town past liberty expiration, Vietnam recommends Sailor no longer have liberty privileges.
- OC and Baton are not authorized on the pier.
- Security Force Personnel will not need to wear duty belts. Fleet Landing watch standers will have flex-cuffs in pockets.
- Border Guard will be conducting random baggage inspections of personnel leaving the pier. They will allow us to assist with baggage searches.

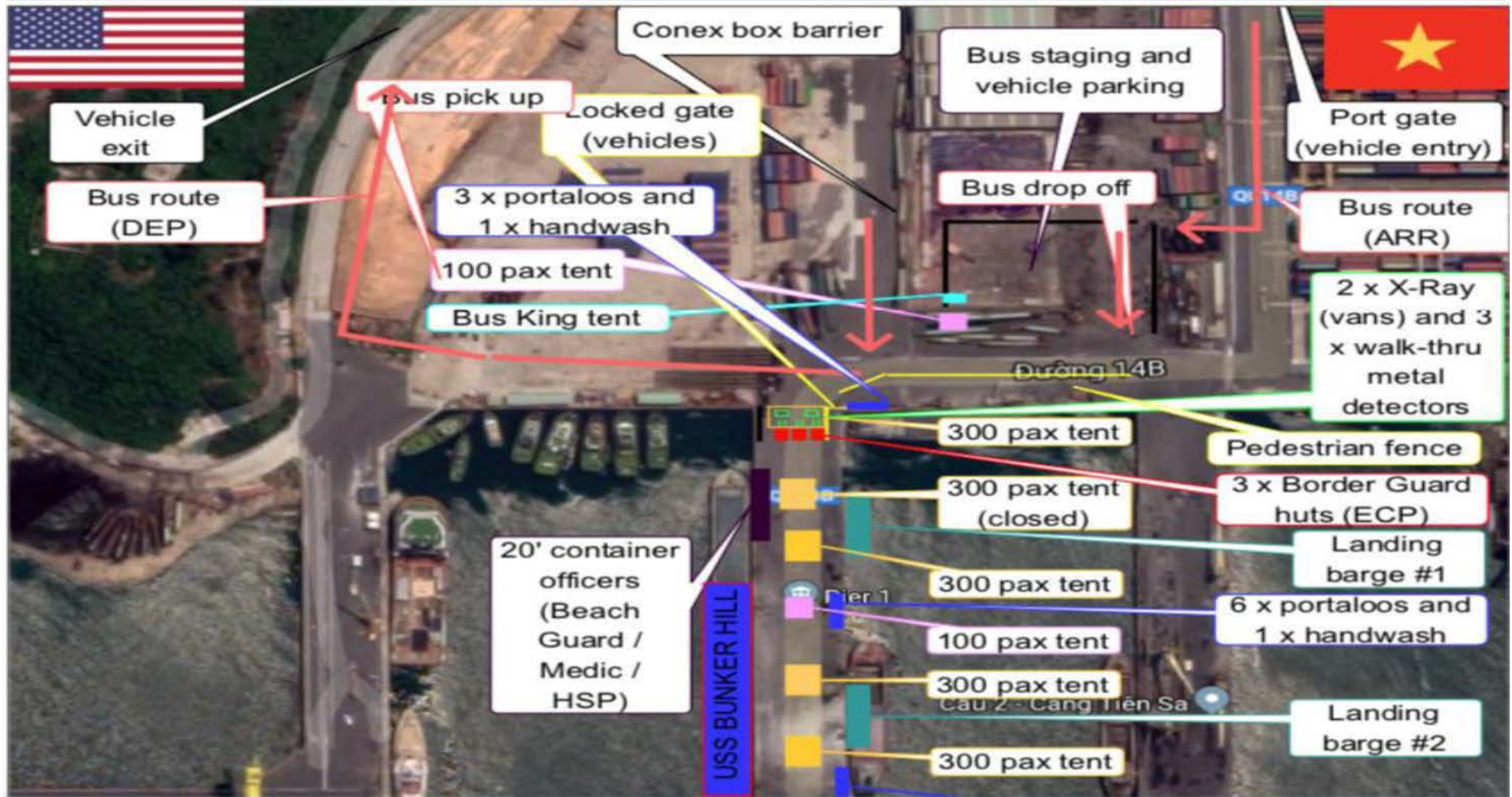


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Security



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Medical Screening



- Process for
 - Sailors
 - DV's
 - Guest
- Entering ECP Location/ Procedures



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Medical



- If you are injured or need Medical Assistance, return to the ship **immediately**.
- If it is an Emergency inform your COC and SLG that you are on the way and the nature of your injury to *expedite* Medical care upon your arrival to the pier.
- If you are seriously injured and have been taken to the Da Nang Hospital, notify your COC and SLG **immediately**.
 - The number for SLG will be given prior to leaving the ship.
 - **Do not** leave the ship without COC and SLG contact information.



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Medical Response



- Coronavirus FAQ's
 - Coronavirus is a Respiratory virus spread mainly from person to person when an infected person coughs or sneezes.
 - CDC **DOES NOT** recommend that people who are well wear a facemask to protect themselves from Coronavirus.
 - 82% of Coronavirus cases are classified as a **Mild** Illness.
- Screening
 - **Everyone** will be screened for signs and symptoms of the Coronavirus (COVID-19) upon returning to the ship.
 - If you are experiencing fever, body aches, cough, or SOB - **report** to Medical at Fleet Landing **prior** to boarding the ship.



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Medical



- Prevention
 - Best *prevention* is **hand washing** with soap and water.
 - If soap and water are not available use *alcohol based hand sanitizer*.
 - Wash hands frequently & avoid touching eyes, nose, and mouth.
 - *Cover* your cough or sneeze with a tissue and avoid close contact with people who are sick.
 - Avoid animals/animal markets
 - Practice social distancing (3 ft minimum)



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OPSEC



- Government of Vietnam owns all telecommunications
 - No laws protecting privacy and electronic communications
- Vietnam Security personnel may place foreign visitors under surveillance:
 - Hotel rooms, phone conversations, web browsing, and emails may be monitored.
 - Do not leave personnel possessions in Hotel rooms due to the potential to be searched.



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OPSEC



- Connecting to internet/WiFi
 - All information is potentially viewable by Vietnamese Government and to be intercepted using local internet/WiFi
 - Remove sensitive data such as passwords from devices
 - Do not leave electronics unattended
 - Avoid WiFi networks, unknown USB's/CDs
 - Don't install new or unknown applications (Malware)
 - Conduct personal banking or business on ship instead of out in town.



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OPSEC



- Protect Sensitive Information:
 - Be aware of Vietnamese attempting to gather information by various means:
 - Photos of Equipment
 - Elicitation of information via conversation
 - During tours or out in town on liberty
 - Official documents (green sheet, musters, air plans, etc.)
- Vietnamese onboard:
 - Prevent tour members from wandering off
 - Avoid splitting groups to reduce number of escorts
 - Expect requests to visit areas not on the tour
 - Expect photo requests and tour participants taking photos everywhere



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NCIS



❑ Terrorist Threat - Low

- No recent history of anti-U.S. terrorism in Vietnam
- 15 Vietnamese convicted for foiled plot to bomb the country's biggest airport in Ho Chi Minh (Dec 17)

❑ Criminal Threat - Medium

- Pickpocketing and petty crimes occur frequently (pickpocketing, price gouging, counterfeit products, credit card fraud)
- Theft by motor scooter is a popular *modus operandi*
- Violent crime against foreigners are rare

❑ Medical Threats—High

- VERY HIGH risk for infectious disease
- Health care infrastructure does not meet Western standards
- All serious medical cases are sent to Bangkok or Singapore



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NCIS – Suspicious Activity



☐ **NO Expectation of Privacy**

- Expect hotel rooms, telephones, fax machines, and internet usage are monitored
- Do not expect items in hotel safes to be secured
- Movements and activities may be subject to surveillance by public security and police entities. DO NOT confront directly, report to NCIS

☐ **Elicitation and Unusual Questioning Expected**

- Leave the “shop talk” on the ship

☐ **Report all suspicious contact to NCIS and/or chain of command**



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NCIS – Criminal Laws



☐ No Status of Forces Agreement

- Violations of Vietnamese law are under the jurisdiction of the Vietnamese legal system

☐ Vietnamese law provides strict penalties, including **DEATH** for drug-related offenses

☐ All misconduct incidents, even **minor** criminal acts, get the **highest** level of attention and have significant political implications

☐ Prostitution is **ILLEGAL** in Vietnam

- Common in areas frequented by foreign visitors.
- Prostitutes have reportedly worked with corrupt police to extort cash from foreigners through entrapment

☐ Vietnamese authorities treat US citizens of Vietnamese descent as Vietnamese nationals



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NCIS – Criminal Laws



☐ Importation of Religious Material is Outlawed

- Avoid visibly displaying/carrying prayer books or other religious items
- Avoid religious or political conversations with locals

☐ Public Actions Political in Nature

- Can result in detention and arrest

☐ Photographing Military or Security Interest Items

- May result in questioning, fines or arrest

☐ Importation of Weapons, Ammunition, Explosives, Military

Equipment Tools, Narcotics, Drugs, Toxic Chemicals, Pornographic and Subversive Materials, Fire Crackers and/or Children's Toy that have "Negative Effects on Personality Development, Social Order & Security."

- Leave pocket knives on the ship



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Emergency



- Call **311**
- Drafting Contact Roster
- Standard Emergency Measures/ Contact
 - SLG/ Shore Patrol
 - Department/ Division Recall
 - PAPA
 - Flashing “71”
 - ~~Hele~~



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Contingency Plan



- If weather **stops** the operation of liberty boats:
 - Phone/ email notification by DDO
 - Buses at Fleet Landing will provide temporary shelter
 - Food, blankets, etc. reserved on BKH
- If conditions **worsen**:
 - Beach Guard will direct transportation to Golden Bay Hotel (SLG and Beach Guard HQ)
 - Restaurant and WIFI available
 - Rooms available IF REQUIRED



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Contingency Planning



- Coordination w/ DATT, BKH, Hotel
- Memo
- Primary
 - Closed & Open Tents
 - Blankets, food, water, etc. (VERTREP 3/4Mar w/ BKH)
 - 10 Buses (40 pax min)/ transportation or temp covering



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Contingency Planning



- Secondary
 - Golden Bay Hotel (Food, wifi, temp covering)
- Tertiary
 - Golden Bay Hotel (Overnight Lodging)
 - 200-400 rooms w/in hour
 - Restaurants up to 800 personnel
 - Transportation to pier w/in 15min notice

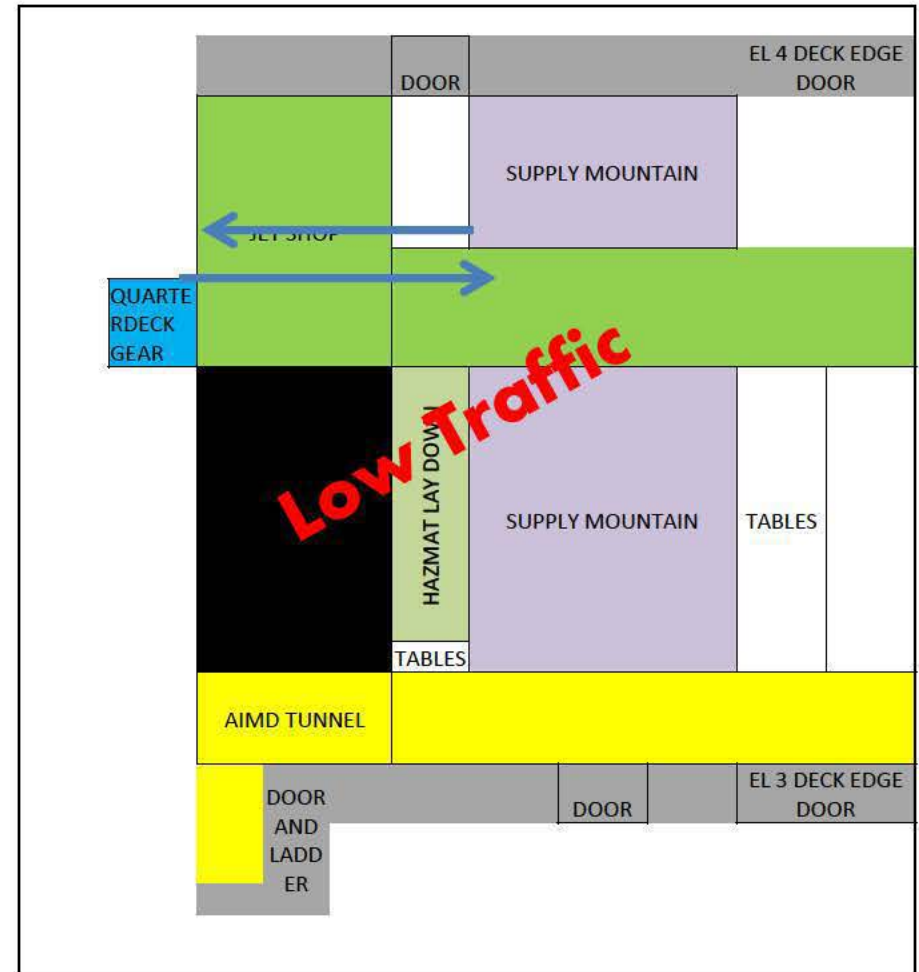


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Traffic Plan



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Considerations



- SOPA
- ~~PKN and BKH~~
- First time anchoring & use of water taxi's
- No Status of Forces Agreement
- Health Screening Process/ Requirements
- Balloon Inhaling "Trend" (add to crew brief)
- Overnight Lib expiration at 0700



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Back-up Slides



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H-2-60



Master Contact List



TRAINING > Home

Home ADMIN AIMD AIR CS CRMD DECK DENTAL ENG INTEL LEGAL MEDIA MEDICAL N
SECURITY CVW-11 CDS-23 CFC HOMEPORT CHANGE

Sites
CVN Training Cycle
ICAV
Integrated Training Team
Level Of Knowledge
Long Range Training Plan
TPO
Required Schools
Command Required Training
GMT POWERPOINTS
WTRP
2020 Port Brief Planning

TRAINING DEPA

(b) (6)	
Position	Vietnam Cell
CO	
XO	
CMC	
CDO	
ACDO	
Beach Guard	
Quarterdeck	
SAPR	
Legal	
SECO	
NCS	
FunBoss	
Chaps	
Position	Vietnam Cell
CAG	
DCAG	
CMC	
SLG (VAW-115 XO)	
SLG (VAW-115 CMC)	
DO	
Position	Vietnam Cell
CSG9 BWC	
Position	Vietnam Cell
CDRE	
DDRE	
SEL	
SWO	

Primary & Secondary
means of comms



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TR Watchbill



Day 1	Day 2	Day 3	Day 4	Day 5
DUTY SECTION				
1/5	2/6	3/7	8/4	5/1

CDO				
CDR (b) (6)	CDR (b) (6)	CDR (b) (6)	LCDR (b) (6)	LCDR (b) (6)
	LCDR (b) (6) (U/I)		CDR (b) (6) (U/I)	

ACDO				
LCDR (b) (6)	CWO4 (b) (6)	LCDR (b) (6)	LT (b) (6)	LT (b) (6)
	LT (b) (6) (U/I)			



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Supply Liaison Officer (SLO)



Day 1	Day 2	Day 3	Day 4/5
LT (b) (6)	LT (b) (6)	LSC (b) (6)	CWO4 (b) (6)
LT (b) (6)	LSCS (b) (6)	LSC (b) (6)	LSCS (b) (6)

SLO Lead: LCDR (b) (6)

Email Distro:

(b) (6) @CVN71.navy.mil
(b) (6) @gmail.com

Phone (Local):

XX-XXX-XXX



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Da Nang Port Visit

Crew Brief



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H-2-61



Summary of Changes Since 01 Mar20



- Curfew expiration is 0700
 - Exception: Watchstanders, MWR Tours, COMRELS, etc. (REQUIRED movement)
- Border Guard random baggage inspections



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H-2-61





Our Standard



- Conduct yourself in a professional manner.
- Respect the host's citizens, culture, and customs.
- Take care of each other.
- Do not engage in or tolerate offensive, illegal, or disrespectful conduct.

We represent the greatest Navy in the world!

We will demonstrate exemplary personal conduct, no exception! The expectation is that we will conduct ourselves with maturity and be ambassadors of the USA!



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Port Visit Snapshot



- Scheduled port visit to: Da Nang, Vietnam
- Arrive: 05 Mar, 0900
- Duty Sections:
 - Day 1 (05 Mar) – Thursday – Section 1/5
 - Day 2 (06 Mar) – Friday – Section 2/6
 - Day 3 (07 Mar) – Saturday – Section 3/7
 - Day 4 (08 Mar) – Sunday – Section 8/4
 - Day 5 (09 Mar) – Monday – Section 5/1
- Depart: 09 Mar, 1400



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How this Works - Day 1



- Sea & Anchor Detail
- Arrival of Pilot & Attaché/ Vietnamese Delegation
- Anchored
- Setup of barges, water taxis, etc.
- Departure of Beach Guard & SLG
- Liberty Call
 - By Rank
 - Department 10% w/ head of line privileges (1 Liberty Buddy max.)
 - Ship ➡ Water Taxi ➡ Bus (or taxi) ➡ Da Nang



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Da Nang Overview



- 4th Largest City in Vietnam
- 496.30 sq miles
- Climate
 - Tropical in south; monsoonal in north with hot, rainy season (May to September) and warm, dry season (October to March)
- Currency: Dong (VND)
 - 1 VND = .000043 USD or 1 USD = 23,242 VND
 - Divide the price tag by 23,242 = how much you are paying \$\$





Culture



- Standing with your hands on your hips or crossing your arms on your chest are seen as impolite body language.
- Same gender PDA not widely accepted



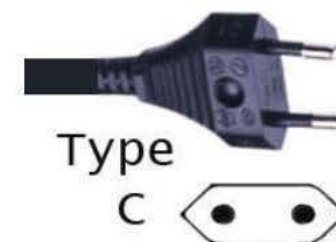
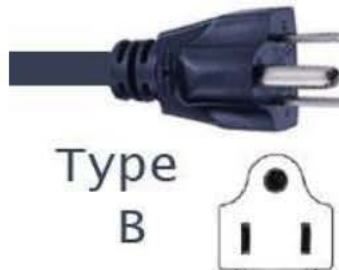
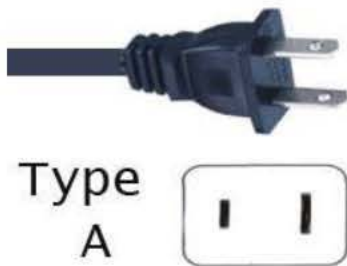
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Good to Know

- Major Languages
 - Vietnamese, English, some French, Chinese, and Khmer, etc.
 - Expect most citizens to speak little/no English (Rec: Google Translator)
- Religions
 - Buddhist 7.9%, Catholic 6.6%, Hoa Hao
- Electricity/Voltage/Plug Type(s)
 - 220 V / 50 Hz / plug type(s): A, B, C





C7F Liberty Policy



- **Division recall**

- For all liberty incidents, the Sailor's entire **division** is placed in a duty status and recalled to the ship to complete a remediation plan and critique.
- Requires first flag officer authority to return the division to liberty.



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Liberty Policy



- **Senior person present rule**
 - The senior person at the scene of a liberty incident is required to attempt to prevent, and to intervene to stop a liberty incident.
- **Liberty buddies**
 - Required except while on COMRELs or MWR groups leaving from and returning to Fleet Landing. Buddies have a duty to prevent liberty incidents.
- **Training**
 - Command-wide liberty briefs are required, in addition to khaki-led liberty briefs within each division.





Liberty Plan



Written liberty plans

Required for E-5 and Below. Submitted thru CoC for review, DLCPO/ HoD for approval. Maintained w/in department.

USS THEODORE ROOSEVELT (CVN 71)/CVW-11 INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: _____ Age: _____ Date: _____ DIV: _____ Duty Section: _____

LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL)

E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359

☐ Class Alpha Liberty expires at 2100 onboard. ☐ Class Bravo Liberty expires at 1800 onboard.
☐ Class Charlie Liberty onboard.

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents? YES / NO (Circle one)
2. If you are of legal age to drink alcohol, are you going to drink responsibly? YES / NO / N/A (Circle one)
3. Are you aware of the liberty policy? YES / NO (Circle one)

THURSDAY, 05 MARCH 2020 SECTION 1 ALCOHOL YES / NO (Circle one) OVERNIGHT YES / NO (Circle one) Duty/Staying on Ship ☐

Plans: Shopping ☐ Sight Seeing ☐ MWR Tour ☐ Night Life/Bar ☐ Movie ☐ Restaurant ☐

Other/Details: _____

Overnight Location: _____ Recall Phone #: _____

Hotel Name: _____ Hotel Phone #: _____

Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____ Signature: _____

Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____ Signature: _____



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Liberty Logs



- All Hands shall sign in/out
- Departments/squadrons will maintain LIBERTY LOGBOOK manned at all times
- Maintained w/in department daily until 1900 then transferred to HB3 and monitored by E7 or above
 - Remain in HB until last Sailor in dept accounted for
 - Squadron logbooks will remain in Ready Room

____ DEPARTMENT LIBERTY LOG							PORT VISIT: D		
RATE	NAME	DIVISION	SHORE PASS #	LIBERTY EXPIRES WHEN?	LIBERTY BUDDY NAME(S) (MAX 4 BUDDIES)	WHAT ARE YOU DOING? WHERE ARE YOU GOING?	MEMBER SIGNATURE WITH "TIME & DATE"	OVERNIGHT Y / N	COMMENTS (BERTHING COMPARTMENT #)
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		
							OUT: _____	Circle One: Y / N	COMMENTS: BERTHING COMPARTMENT AND RACK #:
							IN: _____		



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Overnight Liberty Policy



- Must receive HOD/
CO Approval

- Curfew

- **2400-0700**

- Be in a hotel or Ship/Fleet Landing.

- May **NOT** be out in public, to include: hotel bar/pool/lobby.

- Overnight liberty **NOT** authorized before duty day

- Muster with DDO via phone/email between **2200-0100**

Once signed, no hand written entries or changes are permitted.

DEPARTMENT:		DIVISION:						
HOD:	DLCPO:							
Special Instructions:	ALL PERSONNEL ARE REQUIRED TO FILL OUT DEPT LIBERTY LOG **NO EXCEPTIONS**	Late Night/Morning muster is MANDATORY	Muster time: 2200 - 0100 DEPT Late Night/Morning muster email: @on71.navy.mil Approval HOD DLCPO					
VIETNAM OVERNIGHT LIBERTY ROSTER - WILL BE GIVEN OVERNIGHT PERMIT BEFORE DEPARTURE								
DUTY SEC	DATE	LAST	FIRST	PASSPORT NUMBER	PASSPORT EXPIRATION	Crew Member Number	HOTEL & HOTEL RECALL #	PERSONAL EMAIL





Vietnam Serialized Shorepass



- Required to go on/off Fleet Landing
- Loss of Shorepass
 - Report **IMMEDIATELY**
 - Requires Diplomatic Intervention
 - CDO must verify your identity IOT access Fleet Landing & return to ship
 - Memo signed by TR CDO
 - Takes **days** to replace/ liberty secured until then
- **ALL** Shorepasses must be returned to Vietnam
 - Turn in to DDO upon final return to the ship



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Overnight Permits & Shorepass



Overnight Liberty Permit

- Requires Passport (NO Exceptions)
- Includes: name, passport number, and approved hotel

.....BPCK CẢNG GIẤY PHÉP - PERMIT
Số:...../GP Ngày hết hạn/ Date of expiry:.....
Họ và tên/Full name:.....
Quốc tịch/Nationality:.....
Số CMND-HC/ID-Passport/Nº:.....
Được phép/Is allowed:.....
Ngày tháng năm
CHỈ HUY ĐƠN VỊ

CHÚ Ý/NOTE
Xuất trình Giấy phép kèm Giấy CMND hoặc hộ chiếu/
This Permit should be presented with ID or Passport

Shorepass

- Individually Serialized (Crew Member Number)
- Each ship different color
- Liberty card \neq Visa (not the same)



****PROTECT Shorepass like CAC or Passport****



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Liberty Expiration



- **ALL HANDS** not on overnight liberty must be at fleet landing and returning to the ship by the following times:

E-4 and below – 2200

E-5 and E-6 – 2300

E-7 and above – 2359

*** LAST DAY (Monday, 09 Mar) Liberty Expiration is 0900 at FLEET LANDING for ALL HANDS ***



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Liberty Risk Program



- ALPHA (2200 curfew)
- BRAVO (1800 curfew)
- CHARLIE (No liberty, **Fleet Landing Only**)

* **No** alcohol or Shorepass for any liberty risk cat *

LIBERTY RISK NOMINATION FORM							
From:			Date:				
NOMINEE							
Name:		Rank/Rate:		DEPT/SQDN:			
LIBERTY RISK RECOMMENDATION							
(NORMAL LIBERTY)	<input type="checkbox"/>	(A)	<input type="checkbox"/>	(B)	<input type="checkbox"/>	(C)	<input type="checkbox"/>
REASON FOR NOMINATION:							



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Liberty Attire



- Civilian attire will present a conservative, neat, and clean appearance.
- Clothes will fit properly.
(Not too loose – Not too tight – Not too short)
- Any garment which may be interpreted as profane, sexually suggestive, obscene, or offensive is prohibited.
- Clean PT apparel in good taste is authorized. Team ball caps/jerseys are authorized.
- If the OOD says your attire is a NO-GO... it's a NO-GO

ENFORCEMENT IS AN ALL HANDS EFFORT!



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Liberty Attire



APPROVED ATTIRE

- BALL CAPS, BEANIES, VISORS
- COLLARED SHIRTS
- CASUAL OR DRESS SHIRTS
- ALL PERSONNEL WILL HAVE DOD ARMED FORCES IDENTIFICATION CARD, BUT NOT DISPLAYED
- SKIRTS AND DRESSES WORN AT OR BELOW THE KNEE
- JEANS, SLACKS AND CAPRI PANTS
- CIVILIAN ATTIRE SHALL PRESENT A NEAT, CONSERVATIVE APPEARANCE
- RUNNING SHOES/SNEAKERS, DRESS SHOES
- RUNNING SHOES/SNEAKERS, DRESS SHOES

PROHIBITED ATTIRE

- BANDANNAS, DU-RAGS
- EARRING WORN BY MALES
- SPAGHETTI-STRAPS
- SLEEVES MUST COVER 3 INCHES FROM THE SHOULDER SEAM
- POLITICAL/ RELIGIOUS SYMBOLS
- OFFENSIVE LOGOS/ SLOGANS
- EXPOSED MIDRIF
- MORE THAN TWO INCHES ABOVE THE KNEE
- SKIRTS WORN MORE THAN TWO INCHES ABOVE THE KNEE
- NAVY PT UNIFORM
- FRAYED /TORN GARMENTS
- TRADITIONAL HOST NATION ATTIRE OR ANY OTHER SUBJECT MATTER CONSIDERED OFFENSIVE BY A REASONABLE PERSON
- POOL/ SHOWER SHOES



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Liberty Attire



- When departing/ returning to the ship:
 - Open and closed toe shoes but **MUST HAVE** a permanent backing



NOT
Wise



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Religious Articles & Conduct



- Permissible Items
 - Bibles
 - Crosses
 - Religious mandated attire
- Not Permissible
 - Distributing flyers/handouts
 - Approaching/ inviting discussion

Violations draw undue attention = diplomatic repercussions



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Getting Around Da Nang



- HSBC Bank only International ATM available
- All taxi services are authorized
 - Be prepared to pay in local currency (Dong)
- Returning to the ship
 - Cabs can be directed to (searchable on Google maps)

Tien Sa Port

1 Yet Kieu

Tho Quang



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Apps for Success



- Google Translator (Language Barrier)
- Currency Conversion
- Grab (Ride Sharing App)
- Signal (Similar to What's App)



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Water Taxi Schedule

DAY	TIME START	TIME FINISH	TOTAL HOURS THIS PERIOD	WATER TAXI			CAPACITY PROVIDED THIS PERIOD	CAPACITY REQUESTED THIS PERIOD	CAPACITY DIFFERENCE
				250	125	75			
5-Mar	8:00 AM	11:00 AM	3:00	1	0	1	325	50	275
	11:00 AM	1:00 AM	14:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
6-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	5:00 PM	4:00	1	1	1	450	700	-250
	5:00 PM	1:00 AM	8:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
7-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
8-Mar	5:00 AM	7:00 AM	2:00	1	1	1	450	300	150
	7:00 AM	1:00 PM	6:00	4	2	2	1400	1200	200
	1:00 PM	8:00 PM	7:00	1	1	1	450	700	-250
	8:00 PM	1:00 AM	5:00	4	2	2	1400	1200	200
	1:00 AM	5:00 AM	4:00	0	1	1	200	300	-100
9-Mar	5:00 AM	11:00 AM	6:00	4	2	2	1400	20	1380
	11:00 AM	3:00 PM	4:00	1	0	1	325	21	304
RECEPTION									



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Liberty Area (Da Nang Province)

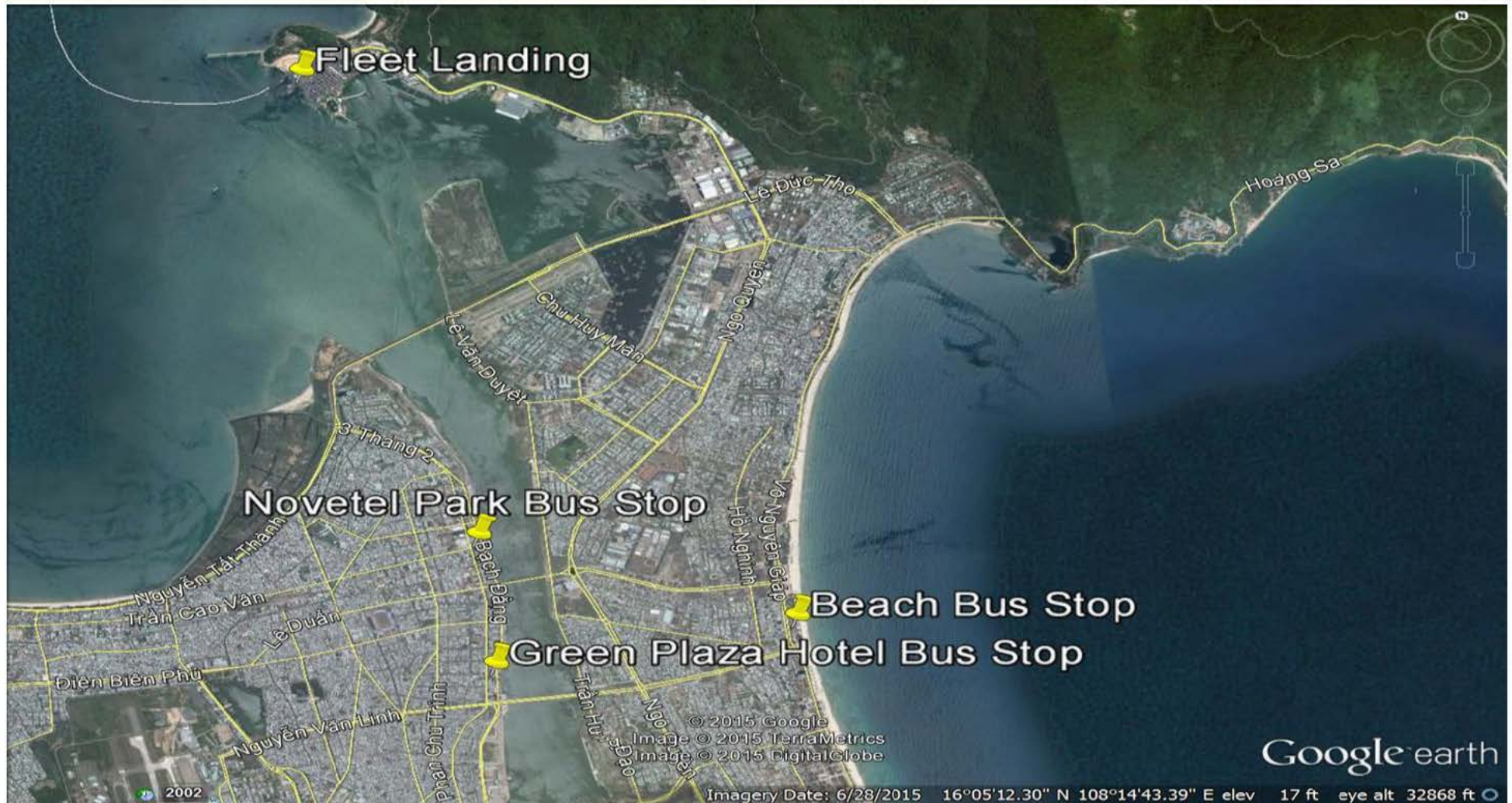


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Bus Stops



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Approved Hotels & Drop Off



Downtown North/ Novotel

- Da Nang Golden Bay
- Stay Hotel
- Zen Diamond Suites Hotel
- Novotel Premier Han River
- Hilton Hotel Da Nang

Downtown South/ Green Plaza

- Brilliant Hotel
- Vanda Hotel
- Samdi Hotel
- One Opera Hotel

Beach

- A la Carte
- Belle Madison Parosand
- Mandila Beach Hotel
- BlueSun Hotel
- Paris Deli Danang Beach Hotel
- Royal Lotus Hotel
- Sofia Boutique Hotel*
- Sofia Suites Hotel*
- Four Points by Sheraton

Beach Other

- Premier Village Da Nang Resort
- Pullman Danang Beach Resort
- Intercontinental Da Nang
- Hyatt Regency Danang
- Olalani Resort and Condotel

*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.



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Public Affairs



3 & 4 Mar	5 Mar	6 Mar	7 Mar	8 Mar	9 Mar
<ul style="list-style-type: none">DV Embarks	<ul style="list-style-type: none">Arrival CeremonyPress Conference with 70 MediaNavy Region 3 Office CallDPC Office CallVN-Hosted Dinner (includes joint band performance)CVN Tour for 50 Media1 COMREL	<ul style="list-style-type: none">4xCVN DV Tours for 200 DVs1xProfessional Exchange with 50 VN guestsSoccer Game2 COMRELsVIP CVN TourBig Top Reception for 500	<ul style="list-style-type: none">CPF Departs Da Nang4xCVN Tours for 200 DVs1 Professional Exchange with 50 VN guestsVolleyball Game2 COMRELsPublic Band Concert	<ul style="list-style-type: none">4 CVN Tours for 200 DVs2 Professional Exchanges with 100 VN guests	<ul style="list-style-type: none">Departure Ceremony



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COMREL



- 5 COMRELs for 150 Sailors (30 Sailors per COMREL)
 - **Vocational Charity Center.**
 - **Association for Victims of Agent Orange.** Performance by the band, light yard work, making incense and flower arrangements, and possibly cooking.
 - **Humanitarian Charity center.**
 - **Dong A University.** Language exchange with local students. Speak conversational English; focused on talking about families, hobbies, etc. Also can discuss cultural differences and what it's like living in Vietnam or on a ship.
 - **Hoa Mai Orphanage.**





Religious Ministries Program



Inport Worship Services

Daily

Islamic Prayer (Chapel): 1700 - 1800

Friday

Islamic Lay-Led Service (Chapel): 1300 - 1400

Sunday

Catholic Mass (Chapel): 0730 - 0800

Church of Jesus Christ of LDS (Chapel): 0900 - 1000

General Protestant Service (Theater): 0730 - 0830

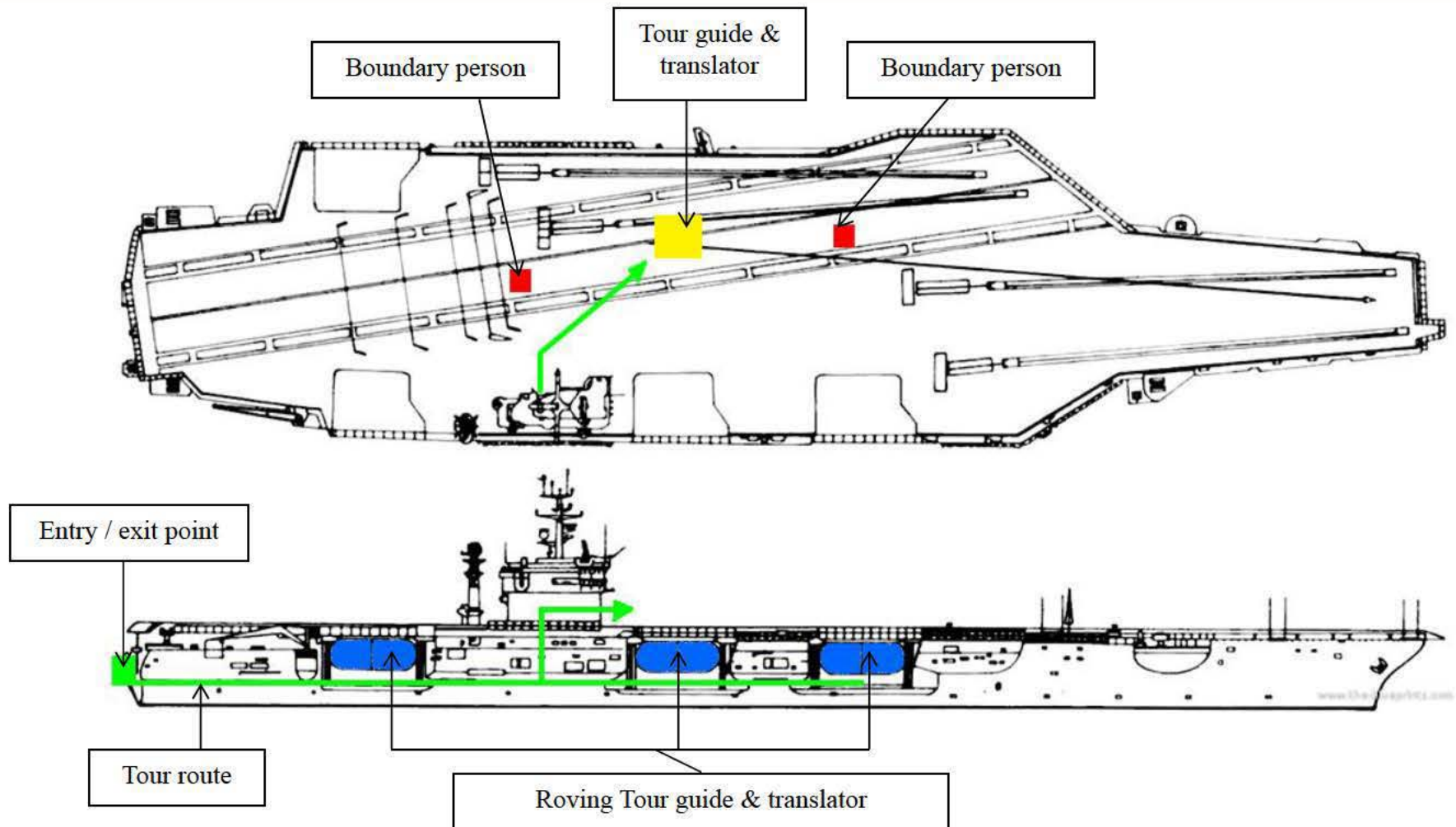


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Ship Tours



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Big Top Reception



- Reception on Friday, March 6th, 1800-2100
 - 400+ Dignitaries, Guests, and Media
 - Uniform for Attendees: Summer Whites (E-7 and above, Dress Whites (E-6 and below
- Impact
 - HB2 Secured for Reception
 - HB3 Limited Access for Arrival/ Departure of Guest
 - Liberty Boat Traffic Secured
 - Inbound 1700-1800
 - Outbound 2030-2130



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MWR



MWR Home

Home ADMIN AIMD AIR CS CRMD DECK DETAIL ENG INTEL LEGAL MEDIA MEDICAL NAV OPS REACTOR SAFETY SUPPLY TRAINING WEAPONS MAINTENANCE AVAIL SECURITY CC&G-8 CVW-11 CC&G-13 CPC HOMEPORT CHANGE

Libraries
Site Pages
Shared Documents
Rental and Request Forms

Lists
Calendar
Tasks
Fitness
Fun

Discussions
Team Discussion

Recycle Bin
All Site Content

Welcome to USS THEODORE ROOSEVELT MWR Page:

Morale, Welfare and Recreation

MWR
Mission First...
Sailors Always

Rowing Challenge *** [CLICK HERE](#) ***

**USS THEODORE ROOSEVELT (CVN 71)
GYM RULES**

1. Workouts are permitted for **ONE HOUR ONLY**, with **MAXIMUM** of 30 MIN cardio.
2. Participants **MUST** have a towel and NOT rags or cut up shirts.
3. Proper and clean athletic attire is required. **NO CUT-OFF SHIRTS!!**
4. Place a towel behind your head before using the bench.
5. **DO NOT** drop weights. Set them down gently!
6. Participants must rerack all plates and dumbbells after each use.
7. Spotters **ARE REQUIRED** for free weight bench press.
8. Collars are required on all bars.

FUN BOSS
(b) (6)
FIT BOSS
(b) (6)

17. MWR staff may intermittently RESET the gym sanitation and cleaning.

Shared Documents

<input type="checkbox"/> Type	Name	Modified	<input type="checkbox"/> Modified By
	DEPLOYMENT PARKING	10/29/2019 7:14 PM	(b) (6)
	FITNESS	9/20/2019 4:41 PM	
	FUN	9/20/2019 4:41 PM	
	RENTAL ITEMS	9/20/2019 4:41 PM	
	rowing	2/2/2020 8:33 PM	

+ Add document

Links

Click on "Fun" in the Shared Documents Section

*MWR ticket



*****ALL forms, Tour Information, and this presentation can be found on the MWR SharePoint Page*****



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MWR Tours & Activities

MY SON & HOI AN

*My Son Sanctuary was designated a UNESCO World Heritage Site.
My Son was built by the Champs who ruled Central Vietnam. It was finally annexed by the

HOI AN NIGHT TOUR

The Hoi An Ancient Town is a UNESCO World Heritage Site (Evening Tour).

The portion of the central coast around Danang is one of the most scenic and interesting of the very long country coastline. Hoi An - The city has retained a unique character, as there are still a number of very concentrated historical structures, and no modern buildings.

HUE CITY TOUR

Hue is 100 km away from Da Nang.

Traditionally Hue has been a center of culture, education and science. In Hue was designated as a place where the emperor lived and famous dishes, the Imperial Palace, the Imperial City, the Imperial tombs, the Imperial pagodas, the

BA NA HILLS TOUR

Located in Hoa Vang province, from Da Nang 40 km to southwest Ba Na - Mount Cham is 1,487 meters high over the sea level. In

DANANG CITY TOUR

This is the biggest city in the central part of Vietnam. Danang is not only a city of great culture value but also a destination for resort development in Vietnam with full of sunshine, white sand and green sea. Besides, the Marble Mountains are famous for their traditional stone engraving activities, consist of five marble hills, each said to represent one of the five elements of the universe (water, wood, fire, metal, earth). For beautiful specimens of Cham sculpture, you'd have to check the Cham Museum in Danang.

whereas the best-preserved structures are much further south. Tourists can buy sculptured stone works made by local people at stone sculpture villages.

Itinerary:

- 08:00 - 08:30: Departure from the pier. Visit to Marble Mountains.
- 08:30 - 11:30: Visit Huynh Khong Cavern, Tam Thai Pagoda, Linh Ung Pagoda, God Gate. Shopping at Stone Sculpture villages.
- 11:30 - 12:00: Proceed to Da Nang.
- 12:00 - 13:30: Lunch at Apsara restaurant.
- 13:30 - 15:30: Visit Cham Museum. Shopping at Da Nang supermarket, X.Q (Embroidery pictures shop).
- 15:30 - 16:30: Visit Da Nang Museum.
- 16:30 - 17:00: Return to ship.



Includes: Private transportation, tourist guide, sightseeing with admission fees and lunch.

DAY SNORKELING CHAM ISLAND

Spend the day snorkeling off the coast of Cham Island and relaxing on its shores.

Itinerary:

- 07:00: Departure from ship
- 08:30: Arrival at Cua Dai Pier and board the boat then sail to Cham Island
- 09:45: Arrival at Cham Island, snorkeling on coral reef (MPA) and sightseeing of the island
- 11:30: Transfer to Bai Chong beach (or stay on board and do extra snorkeling on another snorkeling site)
- 12:15: Enjoy Vietnamese seafood lunch in our Cham island jungle restaurant
- Afternoon: Enjoy the beach, hammock time, swimming and extra snorkeling from the beach (masks, snorkels and dive guide at disposal)
- 15:30: Board the boat and departure from the beach to return to the mainland
- 16:45: Boat lands at Cua Dai pier
- 17:00: End of the tour



Includes: Snorkel gear, private transportation, tourist guide, sightseeing with admission fees and lunch

Bring: Sunscreen, hat, flip flop or sandals, swimming suit, beach wearing, towel, camera, pocket money for soft drinks on the beach.

COOKING CLASS EXPERIENCE

Hoi An is a great place to learn how to cook real Vietnamese cuisine. Many of the classes include a visit to the local fresh produce market as part of course where you'll get a chance to ask questions and perhaps even sample some exotic delights. With so many places to try your hand at conjuring up some delicious flavors.

Itinerary:

- 08:00 - 09:00: Departure from Da Nang to Hoi An.
- 09:00 - 10:30: Visit to the Hoi An Market
- 10:30 - 11:00: Sail to Cam Thanh commune & sightseeing the coconut palm
- 11:00 - 11:30: Enjoy the tour - building skill.
- 11:30 - 12:00: Study cooking at the cookery school and have lunch
- 12:00 - 14:00: Return to the ship.



Includes: Private transportation, tourist guide, sightseeing with admission fees and lunch.





Da Nang Tours, Timeline & Pricing



- Tours are available March 6-8
- **Only** MWR tours are allowed outside of the Da Nang Liberty Zone
- Non-refundable unless cancelled by MWR or Tour Company
- **All** tours depart from Fleet Landing

Tour Name	TOUR MIN	COST	Muster on Pier	Tour Start	Tour End
MY SON & HOI AN TOUR	10	\$44	0730	0800	1800
HOI AN NIGHT TOUR	10	\$28	1430	1500	2200
DA NANG CITY TOUR	10	\$36	0730	0800	1700
HUE CITY TOUR	10	\$48	0730	0800	1800
BA NA HILLS TOUR	10	\$60	0730	0800	1600
VIETNAMESE COOKING CLASS	10	\$40	0830	0900	1400
DAY SNORKELING @ CHAM ISLAND	40 MAX	\$64	0630	0700	1700
**SCUBA DIVING @ CHAM ISLAND	15 MAX	\$100	0640	0700	1700



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MWR



Da Nang Tour Request Form

Completely fill out form and bring **TWO (2) copies** to the MWR window. MWR will collect Navy Cash Card payment in advance for all tours.

MWR
CVN-71

FIRST NAME: _____
LAST NAME: _____
RANK/RATE: _____
DEPT/DIV: _____
J-DIAL: _____
E-MAIL: _____

Tour Name	TOUR MIN	COST	Muster on Pier	Tour Start	Tour End	Day 2	Day 3	Day 4
MY SON & HOI AN TOUR	10	\$46	0730	0800	1800			
HOI AN NIGHT TOUR	10	\$28	1430	1500	2200			
DA NANG CITY TOUR	10	\$36		0800	1700			
HUE CITY TOUR	10	\$48	0730	0800	1800			
BA NA HILLS TOUR	10	\$60	0730	0800	1600			
VIETNAMESE COOKING CLASS	10	\$40	0730	0800	1400			
DAY SNORKELING @ CHAM ISLAND	40 MAX	\$64	0630	0700	1700			
**SCUBA DIVING @ CHAM ISLAND	15 MAX	\$100	0640	0700	1700			

****SCUBA DIVERS MUST SHOW PROOF OF CERTS AND REGISTER THROUGH FUNBOSS PRIOR TO PAYMENT****

By signing here, I understand I am booking, and responsible for attending, the tours selected above. I will not be refunded unless a tour is cancelled by MWR or meets Refund Policy criteria. Multiple tours purchased for the same day are at the buyer's risk, and will not be refunded. Tour participants are responsible for knowing when and where their tour departs and should plan to muster one hour prior to the scheduled departure time.

Signature: _____ Date: _____
Applicant's Signature

Signature: _____ Date: _____
MWR Cashier (print & sign name)

FOR MWR OFFICE USE ONLY: RECEIPT # _____
T 5 DIGITS NAVY CASH CARD

*****Can find this form on the MWR
SharePoint Page*****

**MWR Ticket Window
Hours:**

0900-1200

1400-1700

1900-2300

2-89-1-Q ☎ : 5364

**This form must be filled out before
coming to the MWR Ticket Window.**



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Other Things to do in Vietnam



The Marble Mountains



Hai Van Pass

Son Tra Peninsula



Non Nuoc Beach

DRAGON
BRIDGE



Da Nang Cathedral



My Khe Beach

Phap Lam
Pagoda



Ba Na Hill

Cham Museum



Da Nang Crew Edition for Details



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Fleet Landing



- Single Entry/ Exit
- Services
 - Currency Exchange (Onboard day of Big Top)
 - Food/ Drink Vendors (In progress)
 - Wifi
 - Laundry Services (In progress)



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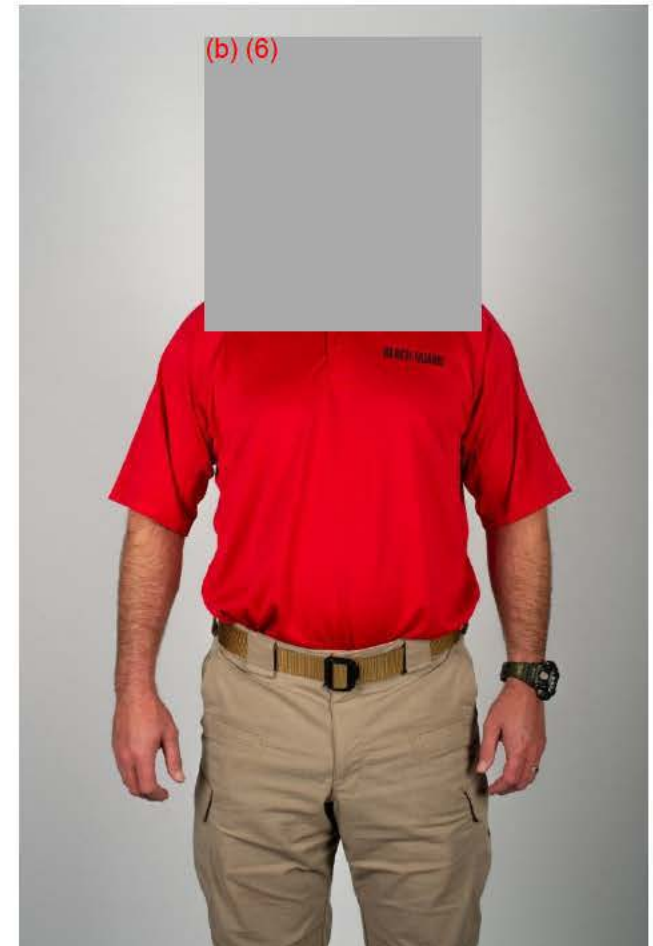




Beach Guard (BG)



- Beach Guard are TR Officers and CPOs responsible to maintain safety, good order and discipline on the pier/fleet landing.
- Beach Guard will not be wearing military uniforms. They will wear Khaki slacks/cargo pants or shorts and a Beach Guard polo shirt.
- ALWAYS listen to Beach Guard and follow their instructions.



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Shore Liaison Group (SLG)



- SLG (also known as shore patrol) are TR Strike Group Sailors there to assist and protect our Sailors while on liberty.
- SLG will not be wearing military uniforms. They will wear slacks/jeans/shorts and a SLG polo shirt.
- SLG will not be wearing arm bands.
- SLG will be riding every bus and will check IDs.
- ALWAYS listen to SLG and follow their instructions.



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Medical Emergency



- If you are injured or need Medical Assistance, return to the ship **immediately**.
- If it is an Emergency inform your COC and SLG that you are on the way and the nature of your injury to *expedite* Medical care upon your arrival to the pier.
- If you are seriously injured and have been taken to the Da Nang Hospital, notify your COC and SLG **immediately**.
 - The number for SLG will be given prior to leaving the ship.
 - **Do not** leave the ship without COC and SLG contact information.



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Medical



- Coronavirus FAQ's
 - Coronavirus is a Respiratory virus spread mainly from person to person when an infected person coughs or sneezes.
 - CDC **DOES NOT** recommend that people who are well wear a facemask to protect themselves from Coronavirus.
 - 82% of Coronavirus cases are classified as a **Mild** Illness.
- Screening
 - **Everyone** will be screened for signs and symptoms of the Coronavirus (COVID-19) upon returning to the ship.
 - If you are experiencing fever, body aches, cough, or SOB - **report** to Medical at Fleet Landing **prior** to boarding the ship.



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Medical



- Prevention
 - Best *prevention* is **hand washing** with soap and water.
 - If soap and water are not available use *alcohol based hand sanitizer*.
 - Wash hands frequently & avoid touching eyes, nose, and mouth.
 - *Cover* your cough or sneeze with a tissue and avoid close contact with people who are sick.
 - Avoid animals/animal markets
 - Practice social distancing (3 ft minimum)





Security



- SECO Challenge
 - Put Security investigators out of business!
- Look after one another.
- Enjoy liberty but do **not** over indulge
- Do **not** talk “Shop” while on shore
 - Expect that every phone call is listened to
 - Every phone/computer communication is monitored
- Border Guard will conduct random baggage inspection of personnel leaving the pier (w/ TR Security assist)



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Lost & Found



- All items found must be turned over to Security Force personnel.
- Items found on shore will be turned over the Chief of the Guard at the Fleet Landing. Items will be sent back to Security Dispatch at the end of each shift.
- Before turning over item(s) the owner must be able to describe beyond a reasonable doubt the item(s) in question.
- Items can be recovered at Security Dispatch 2-93-2-Q.





OPSEC



- Government of Vietnam owns all telecommunications
 - No laws protecting privacy and electronic communications
- Vietnam Security personnel may place foreign visitors under surveillance:
 - Hotel rooms, phone conversations, web browsing, and emails may be monitored.
 - Do not leave personnel possessions in Hotel rooms due to the potential to be searched.



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OPSEC



- Connecting to internet/WiFi: All information is potentially viewable by Vietnamese Government and to be intercepted using local internet/WiFi
 - Remove sensitive data such as passwords from devices
 - Do not leave electronics unattended
 - Avoid WiFi networks, unknown USB's/CDs
 - Don't install new or unknown applications (Malware)
 - Conduct personal banking or business on ship instead of out in town.



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OPSEC



- Protect Sensitive Information:
 - Be aware of Vietnamese attempting to gather information by various means:
 - Photos of Equipment
 - Elicitation of information via conversation
 - During tours or out in town on liberty
 - Official documents (green sheet, musters, air plans, etc.)
- Vietnamese onboard:
 - Prevent tour members from wandering off
 - Avoid splitting groups to reduce number of escorts
 - Expect requests to visit areas not on the tour
 - Expect photo requests and tour participants taking photos everywhere



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NCIS



❑ Terrorist Threat - Low

- No recent history of anti-U.S. terrorism in Vietnam
- 15 Vietnamese convicted for foiled plot to bomb the country's biggest airport in Ho Chi Minh (Dec 17)

❑ Criminal Threat - Medium

- Pickpocketing and petty crimes occur frequently (pickpocketing, price gouging, counterfeit products, credit card fraud)
- Theft by motor scooter is a popular *modus operandi*
- Violent crime against foreigners are rare

❑ Medical Threats—High

- VERY HIGH risk for infectious disease
- Health care infrastructure does not meet Western standards
- All serious medical cases are sent to Bangkok or Singapore



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NCIS – Suspicious Activity



☐ **NO Expectation of Privacy**

- Expect hotel rooms, telephones, fax machines, and internet usage are monitored
- Do not expect items in hotel safes to be secured
- Movements and activities may be subject to surveillance by public security and police entities. DO NOT confront directly, report to NCIS

☐ **Elicitation and Unusual Questioning Expected**

- Leave the “shop talk” on the ship

☐ **Report all suspicious contact to NCIS and/or chain of command**



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NCIS – Criminal Laws



☐ No Status of Forces Agreement

- Violations of Vietnamese law are under the jurisdiction of the Vietnamese legal system

☐ Vietnamese law provides strict penalties, including **DEATH** for drug-related offenses

☐ All misconduct incidents, even minor criminal acts, get the highest level of attention and have significant political implications

☐ Prostitution is **ILLEGAL** in Vietnam

- Common in areas frequented by foreign visitors.
- Prostitutes have reportedly worked with corrupt police to extort cash from foreigners through entrapment

☐ Vietnamese authorities treat US citizens of Vietnamese descent as Vietnamese nationals





NCIS – Criminal Laws



☐ Importation of Religious Material is Outlawed

- Avoid visibly displaying/carrying prayer books or other religious items
- Avoid religious or political conversations with locals

☐ Public Actions Political in Nature

- Can result in detention and arrest

☐ Photographing Military or Security Interest Items

- May result in questioning, fines or arrest

☐ Importation of Weapons, Ammunition, Explosives, Military Equipment Tools, Narcotics, Drugs, Toxic Chemicals, Pornographic and Subversive Materials, Fire Crackers and/or Children's Toy that have "Negative Effects on Personality Development, Social Order & Security."

- Leave pocket knives on the ship





SAPR



WHAT IS SEXUAL ASSAULT? Intentional sexual contact, characterized by use of force, physical threat, or abuse of authority, or when the victim does not or cannot consent.

- The majority of sexual assaults are blue-on-blue.
- Alcohol is present in the majority of Sexual Assaults reported.
If you decide to drink, drink responsibly.
- Offenders and victims in all ranks and both genders.



CONSENT: Alcohol use does **NOT** preclude the ability to give or receive consent; however, engaging in sexual activity while drinking is legally *risky* behavior.

BYSTANDER INTERVENTION: A strategy that motivates and mobilizes people to act and prevent harm when they see, hear, or otherwise recognize signs of an inappropriate or unsafe situation. **If you see something that doesn't look right. It is not!!! Say something and report it or intervene if necessary.**



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SAPR



SUPPORT IS AVAILABLE 24/7

Take care of your Shipmates.

DoD Safe Helpline at 877-995-5247

SAPR Victim Advocate (VA) – Hydra: (b) (6)

Command SAPR POC's:

CWO2 (b) (6) **J-Dial:** (b) (6) / **Hydra:** (b) (6)

ISCS (b) (6) **J-Dial:** (b) (6)

ACCS (b) (6) **J-Dial:** (b) (6)

DoD Safe Helpline
Sexual Assault Support for the DoD Community

Live 1-on-1 Help Confidential Worldwide 24/7

When you don't know what to do or who to talk to, contact Safe Helpline for confidential sexual assault support...24/7, worldwide access to trained professionals.

Click www.SafeHelpline.org
Call 877-995-5247
Text* 55-247 (INSIDE THE U.S.)
202-470-5546 (OUTSIDE THE U.S.)

*Text your location for the nearest support resources

Want to go mobile? To download the free DoD Safe Helpline app, visit the App Store or Google Play.



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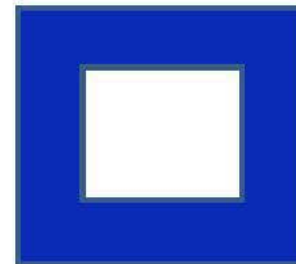




Emergency Recall



- Signals:
 - Phone/email recall
 - **Every** DDO should have individual's contact info (email)
 - PAPA flag (blue with centered white square)
 - Flashing 71
 - SLG/ Beach Guard



- Action:

Return to the ship **immediately!**



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Contingency Plan



- If weather **stops** the operation of liberty boats:
 - Phone/ email notification by DDO
 - Buses at Fleet Landing will provide temporary shelter
 - Food, blankets, etc. reserved on BKH
- If conditions **worsen**:
 - Beach Guard will direct transportation to Golden Bay Hotel (SLG and Beach Guard HQ)
 - Restaurant and WIFI available
 - Rooms available IF REQUIRED





Keys to Success



- Be smart, be responsible, be a good shipmate!
- Yes, the drinking age in Vietnam is 18
 - ...you do not have to drink just because you can
 - ...you should not drink “everything” just because it’s there
 - ...you WILL be held accountable for your actions, alcohol is **not** an *excuse*
- Make sure you can contact your CoC and they can contact you



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Before Leaving the Ship Checklist



- ☐ Shorepass Card
- ☐ CAC Card
- ☐ Passport (if applicable)
- ☐ Overnight Permit (if applicable)
- ☐ Recall & Ship Location Information
- ☐ Liberty Buddy
- ☐ Signed Out on Liberty Log
- ☐ Good vibes and a great plan!





Back-up Slides



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COMREL 1: Vocational Center



UNCLASSIFIED//FOUO



WHO: 30 Sailors + 10 support staff + 50 students (14-25 years old)

WHAT: Vocational skills projects and dance exchange

WHERE: Vocation Charity Center. Lê Đình Chinh, Hoà Quý, Ngũ Hành Sơn, Đà Nẵng 550000

WHEN: 5 March. 1500-1700 on Site. 40 minutes from Fleet Landing.

UNIFORM: NSUs

PRESS: N/A. PAS will cover event for social media.

CONCEPT: School provides vocational training and residential facility for handicapped students, 60% with mental disabilities. After opening remarks, sailors will receive tour of vocational classrooms that teach embroidery, printing, incense making, jewelry making, and paper crafting before. The center director will have an introduction and sailors will then split into 6x groups to join students in making personal mementos (Sailors can purchase them). Next, students will teach a simple traditional dance with music to sailors and vice versa (~25 mins per). Potential ideas: country line dancing, YMCA, macarena. A speaker system with Bluetooth capability is on-hand. Engagement will conclude with gift presentation.

REQUIRED SUPPLIES: N/A. However, bring small cash if wanting to purchase projects.

DUE-OUTS: Music for dance exchange identified NLT 1700 04MAR. Sailors prepared to teach dance. LT (b) (6) prepared to make brief remarks at start and end of engagement.

TIMELINE	
1500	Sailors arrive
1500-1520	Opening remarks, tour, introduction
1520-1600	Split into 6x groups, vocational skills projects w/ students
1600-1650	Traditional dancing exchange
1650-1700	Closing remarks and gift exchange
1700	Sailors depart

EVENT TEAM LEADS: CPT (b) (6) and (b) (6)

ADDITIONAL USCT DOD: SFC (b) (6)

HN POC: (b) (6)

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COMREL 1: Vocational Center



UNCLASSIFIED//FOUO



Entrance view to vocational school from Le Dinh Chinh Road.



Director of school and sewing room area utilized for event.



Front of school and area for music and dancing portion of event.



Crafting area used for banner painting during the exchange.

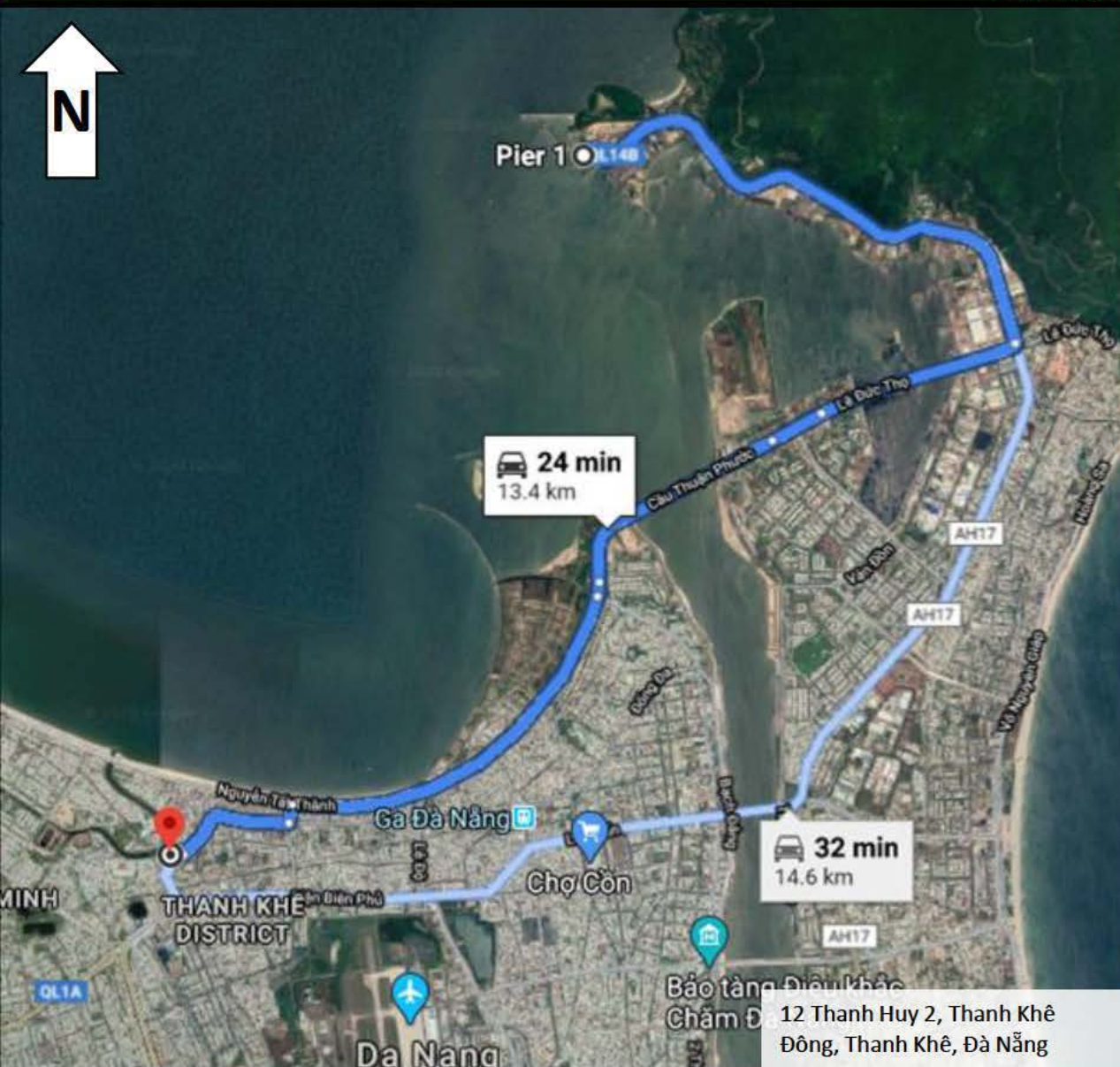
UNCLASSIFIED//FOUO



COMREL 2: Charity Center



UNCLASSIFIED//FOUO



WHO: 30 Sailors + 10 support staff + 80 students (6-18 years old) + DVs (AMB, A4, RADM)

WHAT: Band concert, crafts/indoor games, sports activities

WHERE: Charity Center. 12 Thanh Huy 2, Thanh Khê Đông, Thanh Khê, Đà Nẵng

WHEN: 6 March 0930-1130. 25 minutes from Fleet Landing

UNIFORM: PTs

PRESS: Local media (10 journalists) and PAS.

CONCEPT: The charity center provides schooling and residence for orphaned children. After opening remarks, band will perform. Recommend songs children can dance to. DVs will arrive at 1000, greeted by center director, provided tour, and watch end of band concert. Sailors will split into 2x groups. One group will play indoor games and/or paint with the younger children in the classroom, (including US-VNM 25th anniversary banner with handprints/signatures). DVs will first paint handprints on banner and then observe/engage with children in classroom activities. Potential ideas: folding paper airplanes/boats/hats with origami paper, memory card game, charades, heads up/seven up. The second group will play outdoor sports and games with the older children. Potential ideas: basketball, Asian hacky sack, paper airplane competition. The engagement will close with gift presentation.

REQUIRED SUPPLIES: Basketball, paint and supplies, paper. PAS brings VNM-US 25th anniversary banner. Optional extra: notebooks, pens, origami paper, Asian hacky sack, memory pair card game.

DUE-OUTS: Small souvenir exchange for students. CDR (b) (6) prepared to make brief remarks at start and end of engagement.

TIMELINE	
0900	Band arrives
0930	Sailors arrive
0930-0940	Opening Remarks
0940-1020	Band concert (DVs arrive at 1000)
1010-1120	Split into 2x groups to play w/ students (DVs depart between 1030-1100)
1120-1130	Closing remarks and gift presentation
1130	Sailors depart

EVENT TEAM LEADS: CPT (b) (6) (b) (6) and (b) (6) (b) (6)

ADDITIONAL USCT DOD: SFC (b) (6)

HN POC: Mr. (b) (6) (b) (6)

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COMREL 2: Charity Center



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Exterior of residence hall viewed from Thanh Huy Street.



Outdoor area for sports and group activities.



Area for music and indoor activities.



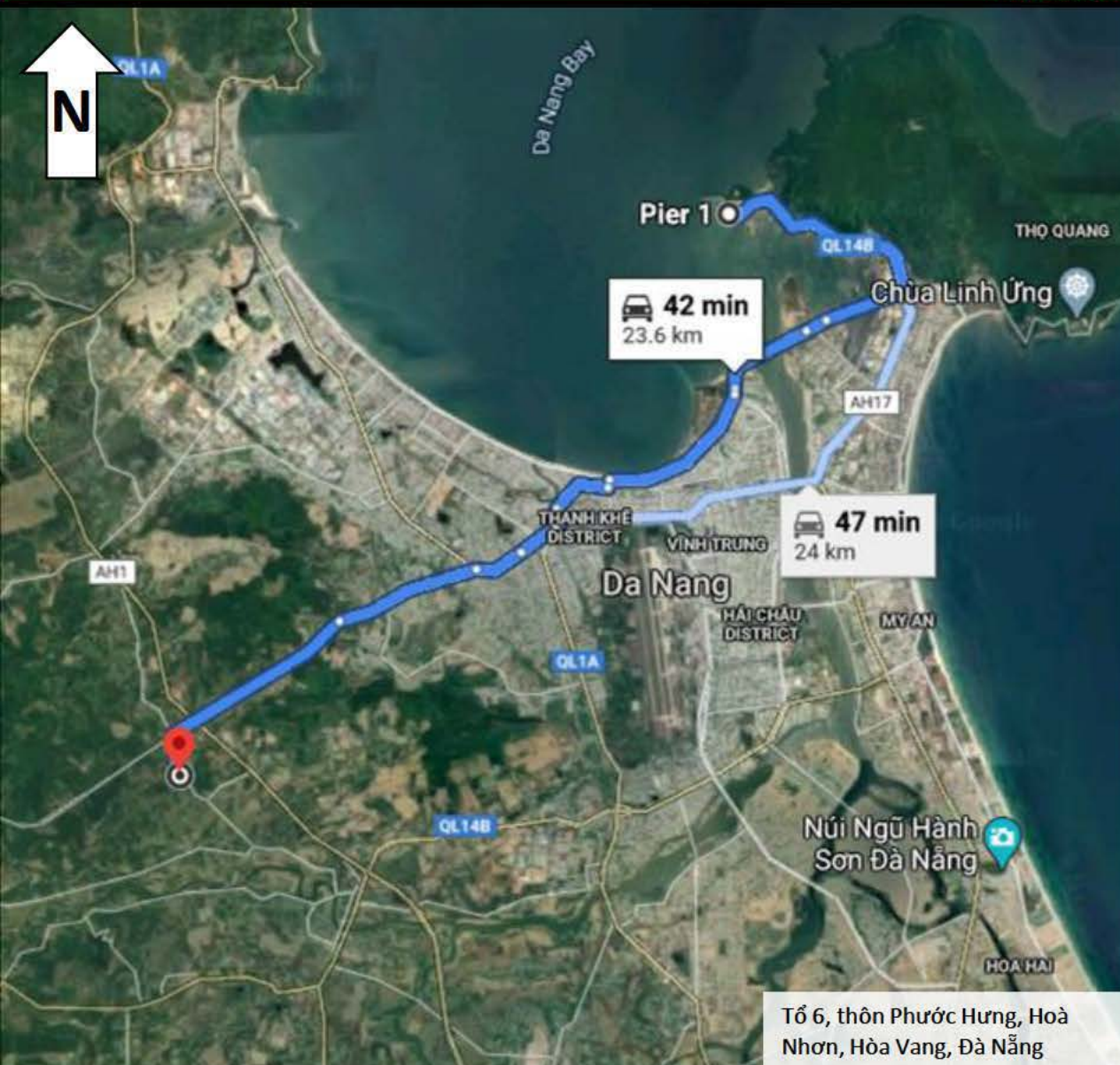
Additional area adjacent music room for indoor activities.

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COMREL 3: Agent Orange Center

UNCLASSIFIED//FOUO



WHO: 30 Sailors + 10 support staff

WHAT: Maintenance, repairs and improvements to center

WHERE: Association of Agent Orange Victims Center. Tổ 6, Thôn Phước Hưng, Hoà Nhơn, Hòa Vang, Đà Nẵng

WHEN: 1400-1700 Onsite. 45 Minutes from Fleet Landing

UNIFORM: PTs

PRESS: N/A. PAS will cover event for social media

CONCEPT: School provides vocational training, life skills, and educational opportunities for handicapped children and adults affected by dioxin contamination. School is closed to students due to COVID-19, so sailors will conduct community service events.

After opening remarks, sailors will receive tour of vocational classrooms that teach incense, jewelry, and fabric flower making. Sailors will then assist center's staff with maintenance and area beautification to the center's exterior wall and vegetable garden. Sailors will paint courtyard wall with mural in honor of US-VNM 25th anniversary. USCT will conduct site visit earlier to paint base coat on wall and sketch the logo for sailors to paint upon arrival. Engagement will close with gift presentation.

REQUIRED SUPPLIES: Paint and supplies for wall and murals. Optional extra: flower making tools (wires, fabric, pliers, wire cutters), notebooks, and pens.

DUE-OUTS: LT (b) (6) prepared to make brief remarks at beginning and end of engagement.

TIMELINE	
1400	Sailors arrive
1400-1415	Opening remarks and tour
1415-1645	Split into groups and conduct beautification with staff
1645-1700	Closing remarks and gift presentation
1700	Sailors depart

EVENT TEAM LEADS: SFC (b) (6) and (b) (6)

HN POC: Mr. (b) (6)

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COMREL 3: Agent Orange Center



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Entrance view to Association Center from un-named access road.



Room in main building for painting and crafts during the event.



Front of school and area for music and dancing portion of event.



Produce garden within the Association Center.

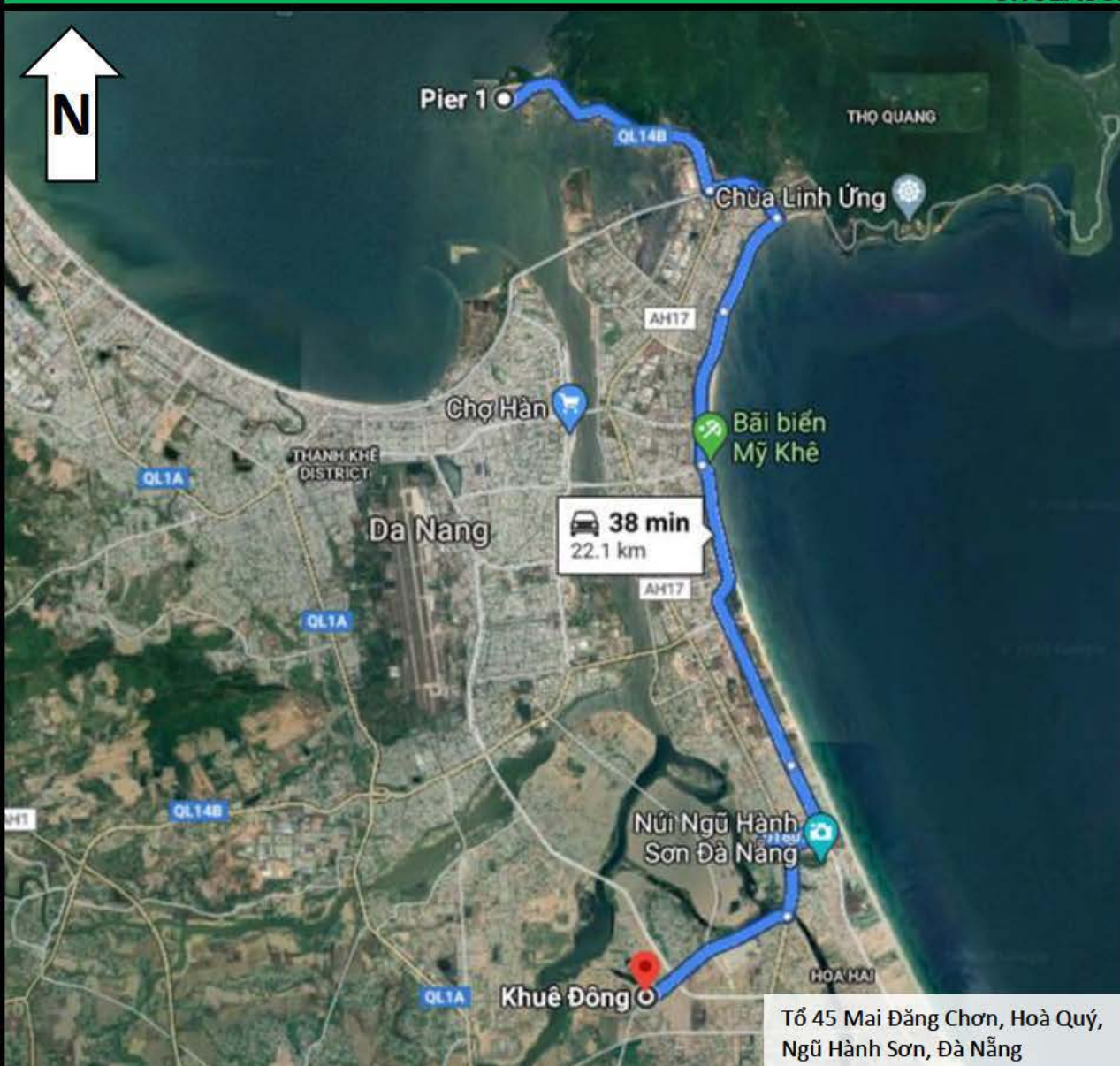
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COMREL 4: Hoa Mai Orphanage



UNCLASSIFIED//FOUO



Tổ 45 Mai Đăng Chơn, Hoà Quý,
Ngũ Hành Sơn, Đà Nẵng

WHO: 30 Sailors + Band + 10 support staff + 50 children (6-18 years old) + DV (CG-tentative)

WHAT: Painting projects, sports activities, maintenance/area beautification community service

WHERE: Hoa Mai Orphanage. Tổ 45 Mai Đăng Chơn, Hoà Quý, Ngũ Hành Sơn, Đà Nẵng

WHEN: 0900-1130 On Site. 40 Minutes from Fleet Landing

UNIFORM: PTs (Sailors) / PTs (Band)

PRESS: Local media (10 journalists) and PAS.

CONCEPT: The charity center provides residence for orphaned children, majority are 11-15 years old. After opening remarks, sailors will split into two groups. One group of 20 sailors will join the children to watch the band perform and then play badminton/soccer/games/paint projects (including US-VNM 25th anniversary banner with handprints/signatures). Band will perform under outdoor awning. Recommend music children can dance along to. The other group of 10 sailors will provide community service through maintenance and area beautification of orphanage exterior (grass cutting, weed pulling, etc). Orphanage staff will provide tools. The engagement will close with gift presentation.

REQUIRED SUPPLIES: Badminton equipment. PAS brings VNM-US 25th anniversary banner. Optional extra: origami paper, Asian hacky sack, flowers to plant for area beautification.

DUE-OUTS: Site scope visit by band. LTJG (b) (6) prepared to make brief remarks at start and end of engagement. If DV visit is confirmed, USCT will provide DV plan.

TIMELINE			
0900		Recommended band arrival for set-up	
0930		Sailors arrive	
0930-0940		Opening remarks	
GROUP 1 (20 sailors)		GROUP 2 (10 sailors)	
0940-1020	Band Performance	0940-1120	Community service projects around orphanage
1020-1120	Sports / Games / Art project		
1120-1130		Closing remarks and gift presentation	
1130		Sailors Depart	

EVENT TEAM LEADS: SFC (b) (6) and (b) (6)

HN POC: Ms. (b) (6)

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COMREL 4: Hoa Mai Orphanage



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Entrance to orphanage and band performance area.



Classroom inside orphanage reserved for crafts and painting.



Courtyard within the orphanage where band audience will be located and outdoor games will be played.

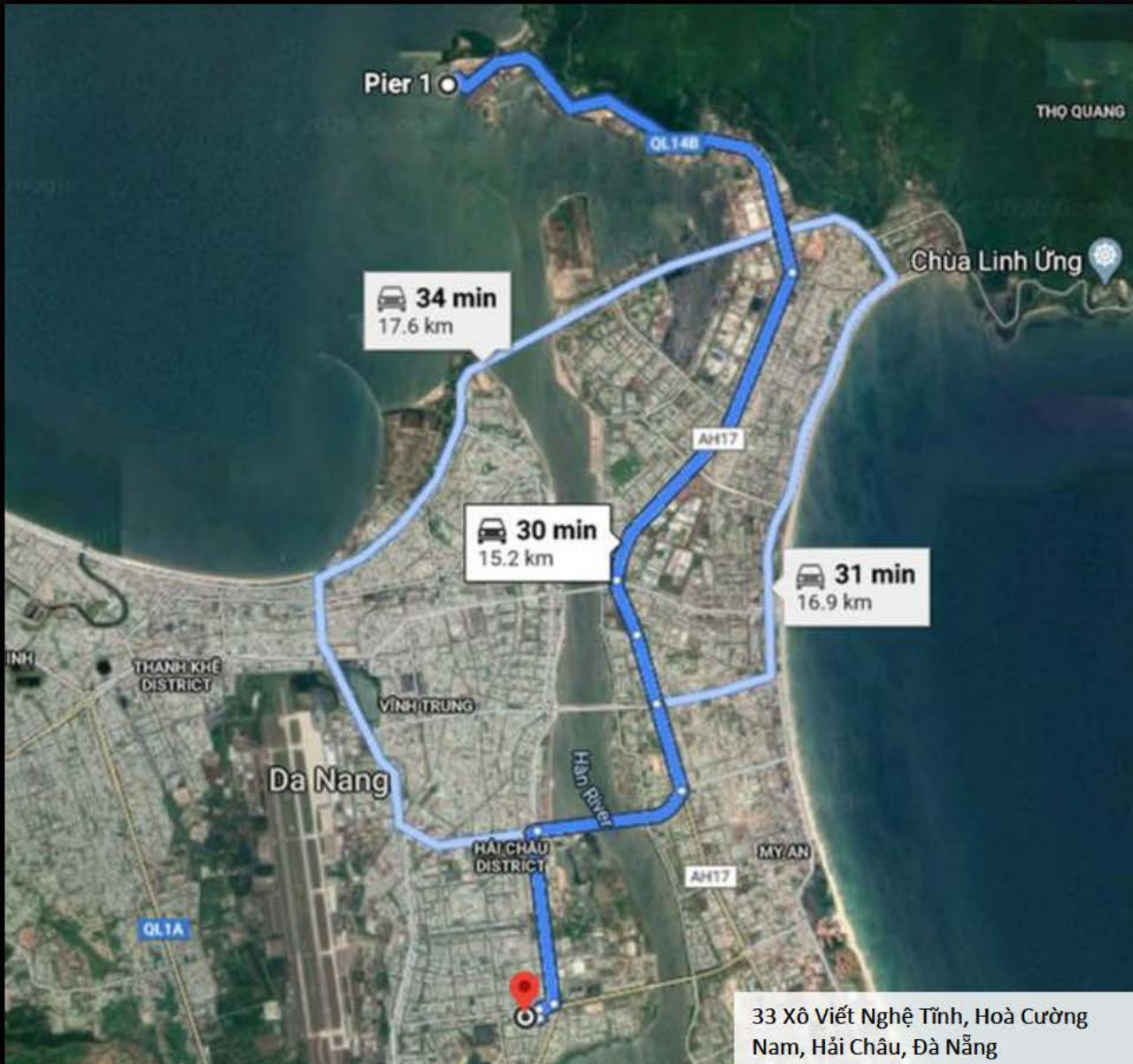
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COMREL 5: Dong A University Exchange



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33 Xô Viết Nghệ Tĩnh, Hoà Cường Nam, Hải Châu, Đà Nẵng

WHO: 40 Sailors + 10 support staff + 60 university students + DV (HCMC Deputy CG-tenative)

WHAT: Language and sports exchange

WHERE: Dong A University, 33 Xô Viết Nghệ Tĩnh, Hoà Cường Nam, Hải Châu, Đà Nẵng

WHEN: 1430-1630 On Site. 30 Minutes from Fleet Landing

UNIFORM: NSUs (language exchange) / PTs (sports exchange)

PRESS: N/A. PAS will cover event.

CONCEPT: Following opening remarks, 30 sailors will conduct language exchange round robin style with 50 students. They will be split into 3 large groups and breakdown further to roughly 1:2 ratio. Range of topics will include cultural similarities/differences, daily life in university/on carrier, food, family, hobbies, and travel. MC will help facilitate round robin rotation and conversation topics. Simultaneously, 10 sailors will play an outdoor soccer game with 10 students. The engagement will close with gift exchange. University leadership said the students will bring small mementos for sailors and requested vice versa.

REQUIRED SUPPLIES: Water bottles for soccer game.

DUE-OUTS: Recommended small souvenir exchange for students. LCDR (b) (6) prepared to make brief remarks at start and end of engagement. If DV visit is confirmed, USCT will provide DV plan.

TIMELINE			
1430		Sailors arrive	
1430-1440		Opening remarks	
GROUP 1 (20 sailors)		GROUP 2 (10 sailors)	
1440-1510	1 st round	1440-1500	Warm-Up
1510-1530	Tea break	1500-1530	1 st half soccer
1530-1550	2 nd round	1530-1540	Half-time
1550-1610	3 rd round	1540-1610	2 nd half soccer
1610-1630		Closing remarks and gift presentation	
1630		Sailors Depart	

EVENT TEAM LEADS: CPT (b) (6) and Ngoc (b) (6)

ADDITIONAL USCT DOD: SFC (b) (6)

HN POC: Mr. (b) (6)

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COMREL 5: Dong A University Exchange



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Exterior of Dang A University.



Reception area and primary location of opening / closing remarks



Front steps and alternate location for opening / closing remarks.



Sports field adjacent to university for outdoor events.

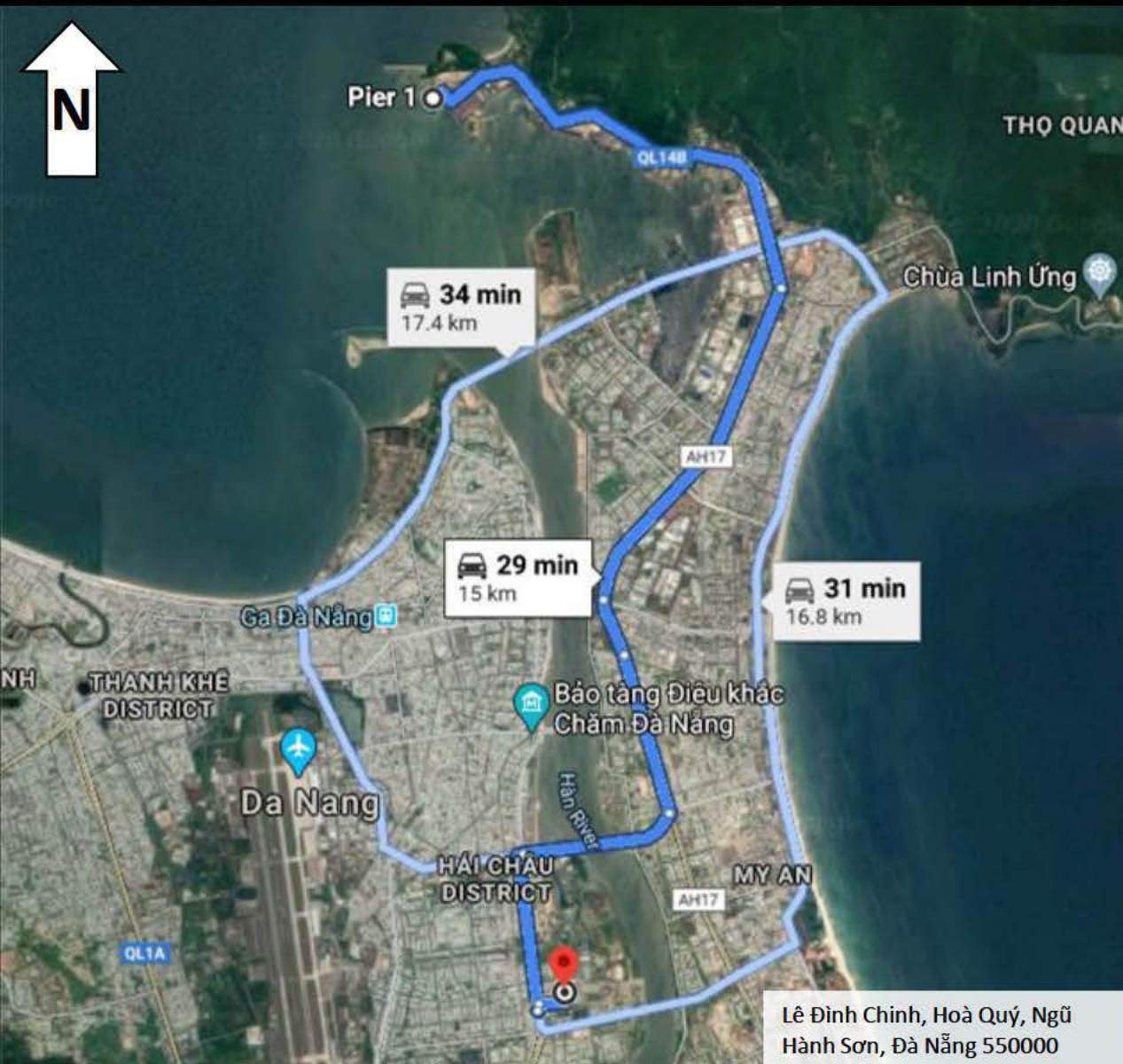
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Sport Event 1: Tuyen Son Sports Complex



UNCLASSIFIED//FOUO



WHO: 10-15 sailors + 5 support staff + 10-15 Vietnamese soccer players

WHAT: Camaraderie building through soccer game

WHERE: Da Nang Sports Complex. Lê Đình Chinh, Hoà Quý, Ngũ Hành Sơn, Đà Nẵng.

WHEN: 6 March. 1000-1130 On Site. 30 Minutes from Fleet Landing.

UNIFORM: PTs

PRESS: N/A. PAS will cover event.

CONCEPT: Sailors will enter through gate 3 when arriving to complex. Bus parking provided adjacent to gate entrance. Sailors and Vietnamese soccer players will take pre-game pictures and warm-up. The soccer game will be 2x 20 minute halves with a 5 minute half-time. Sailors and Vietnamese soccer players will take post-game pictures before departure.

REQUIRED SUPPLIES: Water bottles for soccer game. PAS brings VNM-US 25th anniversary banner.

DUE-OUTS: USCT lead TBD

TIMELINE	
1000	Sailors arrive
1000-1030	Group pictures / warm-up
1030-1050	1 st half
1050-1055	Half-time
1055-1115	2 nd half
1115-1130	Group pictures / farewells
1130	Sailors depart

EVENT TEAM LEAD: TBD

HN POC: Mr. (b) (6)

UNCLASSIFIED//FOUO



Sport Event 1: Tuyen Son Sports Complex



UNCLASSIFIED//FOUO



Entrance to sports complex from gate 3.



Entrance to sports complex and adjacent bus parking area



Interior of sports complex.

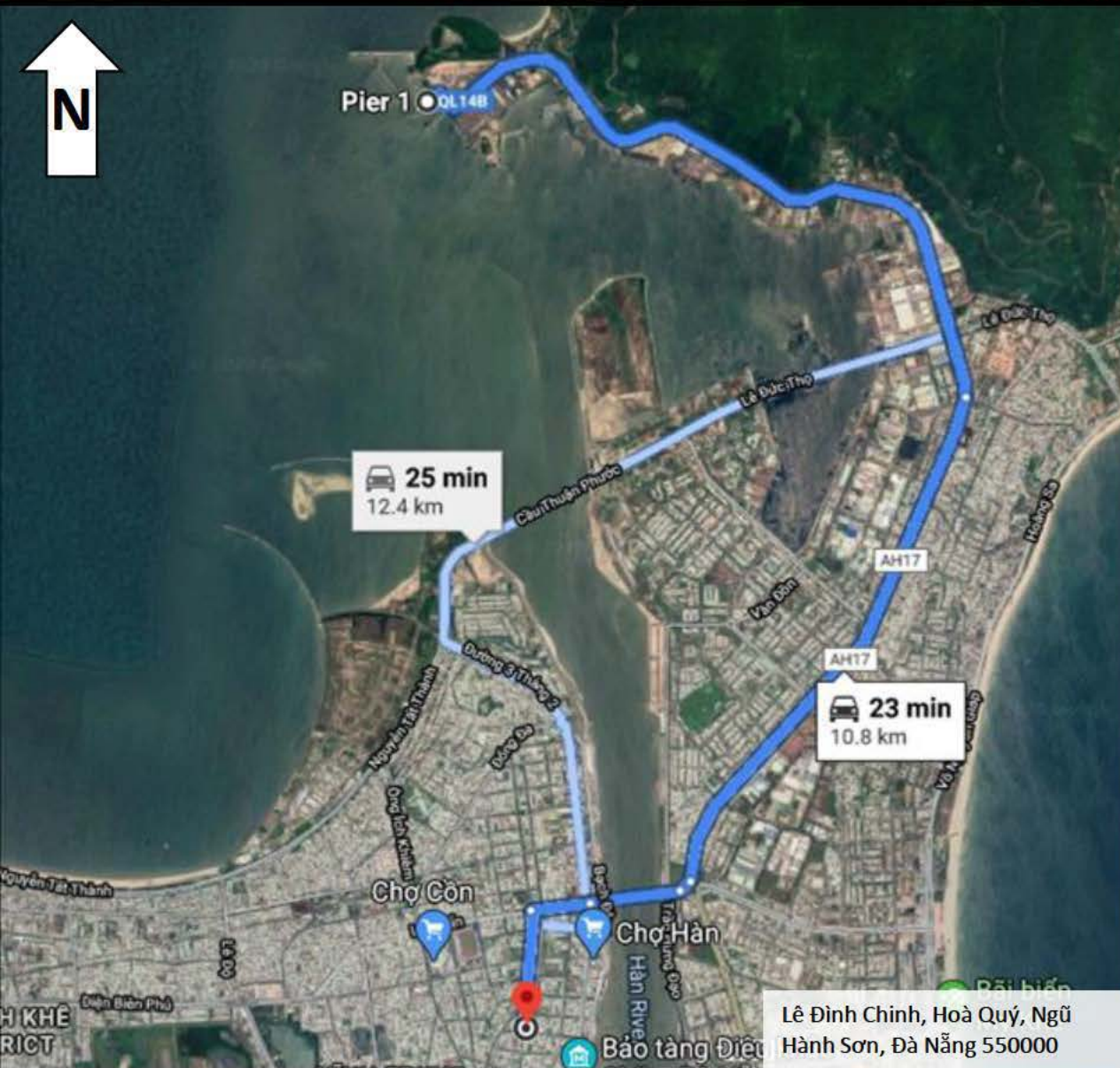
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Band: Nguyen Huu Dinh Opera Theatre



UNCLASSIFIED//FOUO



Lê Đình Chinh, Hoà Quý, Ngũ
Hành Sơn, Đà Nẵng 550000

WHO: Band + 5 support staff

WHAT: Private performance by Navy Band

WHERE: Nguyen Huu Dinh Opera Theatre. 155 Phan Châu Trinh, Phước Ninh, Q. Hải Châu, Đà Nẵng

WHEN: 7 March. 1800-2000

UNIFORM: Formal Uniform

PRESS: Local media and PAS

CONCEPT: Navy Band performs for 70-90 minutes. Theatre has green room for band members to change into uniforms/pre-stage and has A/V capabilities. Facility also has digital screens at stage left and stage right which can project VNM-US 25th anniversary logo and translated lyrics of songs. For safety considerations, the auditorium has three emergency exits (two located at entrance of audience seating area and one at the right rear of stage. Fire extinguishers are present in hallways.

REQUIRED SUPPLIES: Band instruments and equipment.

DUE-OUTS: Site visit to coordinate final details. Date TBD

TIMELINE	
TBD	TBD

EVENT TEAM LEAD: (b) (6)

HN POC: Mr. (b) (6)

UNCLASSIFIED//FOUO



Band: Nguyen Huu Dinh Opera Theatre



UNCLASSIFIED//FOUO



Stage layout and background option.



Entrance to Opera House



Interior of Opera House and seating / stage arrangement..

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America has suffered its first coronavirus deaths—and first infections of health care workers

March 2, 2020

Health officials over the weekend announced the first two U.S. deaths tied to the new coronavirus, which occurred among patients in the Seattle suburb of Kirkland, Washington.

Our analysis: The 'recurring themes' of disease outbreaks

About the coronavirus epidemic

Reports of the new **coronavirus** first surfaced in early December 2019 in Wuhan, China. According to the **World Health Organization** (WHO), the main symptoms of the virus are fever and lesions in both lungs. Some patients also have reported difficulty breathing, WHO said.

As of Monday, officials reported more than 89,700 cases of the virus globally, with most of those cases occurring in mainland China, the *New York Times* reports. Officials said as of Monday there had been at least 3,056 deaths linked to the virus, and all but 144 of the deaths occurred in mainland China.

The number of newly reported cases in China has slowed, but the number of newly reported cases in other countries has surged over the past two weeks.

In the United States, officials as of Monday had reported a total of 88 cases of the virus and two deaths linked to the virus, the *Times* reports. **CDC** as of Saturday **said** 47 cases involved Americans who contracted the virus elsewhere and then repatriated to the United States, 13 cases involved patients who had contracted the virus while traveling abroad and were diagnosed after returning to the United States, and nine cases involved patients who contracted the virus via human-to-human transmission.

CDC has noted that several U.S. patients with the virus—including patients in California, Oregon, and Washington—have no known connections to individuals who had either traveled to other countries affected by the virus or who had a suspected or confirmed case of the virus. That indicates the cases likely stemmed from so-called "**community spread**" of the virus in the United States, the *Times* reports.

US coronavirus deaths linked to Seattle suburb

The two patients who've died from the coronavirus in the United States both were treated at medical facilities in Kirkland, Washington.

U.S. health officials on Saturday announced the first death, which involved a man in his 50s who had underlying health conditions. The patient died at **EvergreenHealth Hospital** in Kirkland on Friday.

Officials said they do not know how the patient was exposed to the new coronavirus. Washington Gov. Jay Inslee (D) on Saturday said state officials were "strengthening [the state's] preparedness and response efforts to keep Washingtonians healthy, safe, and informed."

On Sunday, health officials reported the second death linked to the coronavirus in the United States, which occurred among a man in his 70s who had underlying health conditions and was a resident at a nursing home in Kirkland operated by **Life Care Centers of America**. That patient died on Saturday, also at EvergreenHealth Hospital.

Officials on Sunday also reported six other confirmed cases of the virus among residents and employees of the Kirkland nursing home. The officials said more than 50 people at the facility were exhibiting possible symptoms of the virus and were being tested. According to the *Times*, officials are unsure how individuals at the nursing home were exposed to the virus. Jeff Duchin, health officer at the Seattle and King County public health department, said a team from CDC will work with local and state health officials to investigate the outbreak.

The nursing home in a **statement** posted Sunday said it is "following the infection control recommendations from the CDC, including proper hand-washing techniques and wearing masks, gowns, and gloves when caring for any symptomatic patients." The facility added that it's placing "[a]ny residents with symptoms ... in isolation," and is no longer permitting visitors.

Evergreen Health in a **statement** said the hospital is "working with the CDC and the **Washington Department of Health** to ensure that those who have come into contact with the [coronavirus] patient[s] are screened and tested as appropriate."

Researchers say evidence suggests long-undetected spread in Washington

Researchers at the **Fred Hutchinson Cancer Research Center** and the **University of Washington** on Sunday said some evidence suggests the virus has been spreading undetected in Washington for as many as six weeks, raising the possibility that there could be hundreds of undiagnosed cases in the state. In a study the researchers posted online, they found genetic similarities between the state's first case of the virus, which officials confirmed on Jan. 20, and a case of the virus that was diagnosed several weeks later.

The study has not been reviewed by other scientists and hasn't been published in a scientific journal, the *Associated Press* reports. According to the *Washington Post*, CDC has reached out to the researchers, and an **HHS** official who spoke to the *Post* on the condition of anonymity said more data is needed to validate the results.

But some scientists who weren't involved with the research said the findings weren't surprising. For example, Justin Lessler, an associate professor of epidemiology at the **Johns Hopkins Bloomberg School of Public Health**, explained that, because most cases of the virus are mild, it's possible people could be infected with the virus without knowing. "We think that this has a pretty high rate of mild symptoms and can be asymptomatic. The symptoms are pretty non-specific and testing criteria has been pretty strict, so those combinations of factors means that it easily could have been circulating for a bit without us knowing," Lessler said.

Officials report first cases of the virus among US health care workers

Meanwhile, officials in California over the weekend reported the first known cases of the new coronavirus among health care workers in the United States who had treated coronavirus patients outside of Washington.

Officials in California's Alameda and Solano counties in a joint statement said two health care workers at **NorthBay VacaValley Hospital** in Vacaville, California, who had treated a coronavirus patient were diagnosed with the virus on Sunday. The workers had treated the first U.S. patient suspected of contracting the virus via community spread, according to officials.

NorthBay Healthcare Group President Aimee Brewer in a **statement** published Thursday said they identified the cases after conducting tests of anyone at NorthBay VacaValley Hospital who had contact with the patient. Brewer said, "From [the] patient's arrival in the [ED], until the transfer to **UC Davis Medical Center**, we promptly identified

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these employees. Those that met the moderate or high risk categories were asked to stay home and monitor themselves for any sign of [infection]. Our approach is the same as we regularly manage other diseases that require airborne precautions and monitoring."

Brewer added, "We are very proud of our health care team who provided excellent care to this patient while in our hospital, and proud of all who responded in the last two days to manage possible employee exposures."

US officials say risk to Americans remains low

Despite the uptick in reported cases of the virus in the United States, federal health officials have said the virus still presents a low risk to Americans—though they've added that U.S. cases likely will continue to grow.

Nancy Messonnier, director of CDC's **National Center for Immunization and Respiratory Diseases**, on Saturday said, "We still judge the general risk to the American public to be low and that includes residents of long-term care facilities."

HHS Secretary Alex Azar on Sunday said, "We cannot make predictions as to how many cases we'll have, but we will have more, and we will have more community cases."

(Johnson/Flaccus, *Associated Press*, 3/1; Lai et al., *New York Times*, 3/2; CDC *website*, 2/29; Bortor/Gorman, *Reuters*, 2/29; Baker et al., *New York Times*, 3/2; Aleccia, *Kaiser Health News*, 3/1; Life Care Center of Kirkland *statement*, 3/1; Miller/Chastaine, *Kirkland Reporter*, 3/1; Achenback et al., *Washington Post*, 3/1; NorthBay Healthcare Group *statement*, 2/27).

Your top resources for coronavirus readiness



You're no doubt being inundated with a ton of information on how to prepare for possible patients with the Novel Coronavirus (nCoV). To help you ensure the safety of your staff and patients, we pulled together the available resources on how to safely manage and prevent the spread of nCoV.

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Some coronavirus patients don't show symptoms. Here's why that's a problem.

March 2, 2020

Some individuals infected with the new coronavirus have no symptoms, but they can still transmit the virus—a phenomenon that presents a new obstacle to researchers that are trying to curb transmission of the virus.

Our analysis: The 'recurring themes' of disease outbreaks

Background: Coronavirus cases spike outside of China

Reports of the new **coronavirus** first surfaced in early December 2019 in Wuhan, China. According to the **World Health Organization** (WHO), the main symptoms of the virus are fever and lesions in both lungs. Some patients also have reported difficulty breathing, WHO said.

As of Monday, officials reported more than 89,700 cases of the virus globally, with most of those cases occurring in mainland China, the *New York Times* reports. Officials said as of Monday there had been at least 3,056 deaths linked to the virus, and all but 144 of the deaths occurred in mainland China

In the United States, officials as of Monday had reported a total of 88 cases of the virus and two deaths linked to the virus, the *Times* reports.

Why the asymptomatic coronavirus cases matter

Researchers are still learning about the new virus and how it transmits, but recent evidence suggests some people infected with the virus are asymptomatic but can still be contagious, the *Times* reports.

An early report of asymptomatic transmission surfaced in January when a Chinese woman visited Germany and infected several colleagues before she realized she was ill. A follow-up report found the woman had "vague symptoms" but no symptoms that have been associated with the virus.

And in February, after German officials evacuated 126 people from Wuhan, two people who reported zero symptoms of the virus tested positive.

Experts say asymptomatic people can spread viruses efficiently. They have no reason to think they're sick, so they rarely change their behavior to prevent transmission, according to the *Times*.

Until Thursday, **CDC** was only performing coronavirus testing only on symptomatic patients who'd either recently traveled to China or had contact with someone who had the virus. CDC last week **updated** that criteria

to include symptomatic patients with no known connection to China or a person already diagnosed with the virus.

Sandra Ciesek from the **Institute of Medical Virology at University Hospital Frankfurt**, said, "[N]ormally, you don't screen asymptomatic healthy people for the virus because it's too expensive."

However, health experts said if research shows that asymptomatic carriers can spread the virus efficiently and quickly, testing of the virus might need to be broadened.

Mild cases make up majority of coronavirus cases

For the majority of cases, patients do show symptoms of the virus, but these symptoms tend to be mild. According to Jin Dongyan from the **University of Hong Kong**, most mild cases of the virus are indistinguishable from a common cold. Other symptoms can include mild fatigue and a low fever, according to Chinese officials.

The majority of patients with mild cases of the virus recover, but experts say the mild symptoms can make the virus more difficult to contain because, like asymptomatic patients, patients with mild cases might not know they're carrying the virus.

A study of more than 44,600 cases confirmed in China by Feb. 11 found more than 81% were mild. For the study, published by **China's Center for Disease Control and Prevention**, cases were considered mild if a patient did not have pneumonia or only experienced mild pneumonia. In the same study, less than 14% of cases were severe and less than 5% were critical. Severe cases were defined as shortness of breath, low blood oxygen saturation, or other lung problem, while critical cases meant the patient suffered respiratory failure, septic shock, or multiple organ dysfunction.

But the fact that most cases are mild doesn't mean the virus isn't a threat, according to the *Times*.

Regarding the severity of the illness, a group of scientists wrote in a **piece** published in the *New England Journal of Medicine* last week wrote, "In this manner, a virus that poses a low health threat on the individual level can pose a high risk on the population level, with the potential to cause disruptions of global public health systems and economic losses" (Caryn Rabin, *New York Times*, 2/26; Wang, *New York Times*, 2/27; Lai et al., *New York Times*, 3/2).

The 39th iteration of Cobra Gold concludes with a combined arms-live fire exercise and closing ceremony

By 1st Lt. Timothy Hayes □ | U.S. Army Pacific Public Affairs Office | March 6, 2020

Photos



U.S. Marine Corps Cpl. Joseph Green, right, and Lance Cpl. Jonathan Flores, mortarmen with Battalion Landing Team, 1st Battalion, 5th Marines, 31st Marine Expeditionary Unit, fire an 81mm mortar as part of the Combined Arms Live Fire Exercise during Exercise Cobra Gold 2020 at Ban Dan Lan Hoi, Kingdom of Thailand, March 6, 2020. Cobra Gold enhances military to military engagement efforts to maintain readiness and increase the capability, capacity, and interoperability of partner nations while simultaneously reinforcing our commitment to a free and open Indo-Pacific.

(Photo by Lance Cpl. Kaleb Martin)



The delegation of military and political leaders representing the seven partner nations participating in Cobra Gold 2020 stands in front of the servicemen and women from the same nations participating in CG20 February 25, 2020 at Camp Akathotsarot, Phitsanulok Province, Thailand. This is the 39th iteration of CG20, the largest joint-multinational military exercise, in southeast Asia. The 10-day exercise is a series of training events that promotes and reinforces the enduring U.S./Thai alliance and demonstrates the U.S. military's unwavering commitment to a free and open Indo-Pacific.

(Photo by Staff Sgt. Ondirae Abdullah-Robi)



U.S. Marines with Alpha Company, Battalion Landing Team, 1st Battalion, 5th Marine

Regiment, alongside Royal Thai Marines conduct an amphibious beach landing as part of exercise Cobra Gold 2020 at Hat Yao Beach, Sattahip, Kingdom of Thailand, Feb. 28, 2020. Exercise Cobra Gold 20, in its 39th iteration, is designed to advance regional security and ensure effective responses to regional crises by bringing together multinational forces to address shared goals and security commitments in the Indo-Pacific region. **(Photo by Staff Sgt. Jordan Gilbert)**



U.S. Air Force Senior Airman Logan John and Airman 1st Class Benjamin Daniels, journeyman weather forecasters with 1st Weather Squadron Detachment 2 stationed at Wheeler Army Air Field, Hawaii, check readings from a tactical meteorological observing system (TMQ-53) during Exercise Cobra Gold 2020 at Camp Akathotsarot, Phitsanulok province, Kingdom of Thailand, March 3, 2020. John, a native of Olathe, Kan. and Daniels, a native of Milwaukee, Wis. provide weather forecasting in support of U.S. Army flight operations.

Exercise Cobra Gold 20, in its 39th iteration, is designed to advance regional security and ensure effective responses to regional crises by bringing together multinational forces to address shared goals and security commitments in the Indo-Pacific region. **(Photo by (U.S. Air Force photo by Staff Sgt. Dhruv Gopinath))**



From left to right, U.S. Marine Col. Robert Brodie, 31st Marine Expeditionary Unit commanding officer, Royal Thai Navy Capt. Arpa Chapanon and U.S. Marine Capt. Luke Frost, amphibious assault ship USS America (LHA 6) commanding officer, pose for a photo during a welcoming ceremony Feb. 22 at Laem Chabang Port, Thailand. A welcoming ceremony was held for 31st MEU and USS America (LHA 6) Expeditionary Strike Group before the start of Exercise Cobra Gold 2020, which is the largest joint multinational military exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region for a free and open Indo-Pacific.

(Photo by Staff Sgt. Monik Phan)



U.S. Marine Lt. Gen. Stacy Clardy, left, the III Marine Expeditionary Force commanding general, and members of the Royal Thai Armed Forces including RTAF Deputy Chief of Staff Gen. Pariphat Phalasin, listen to information provided by a representative from the Japan-Association of Southeast Asian Nation Integration Fund non-governmental organization about landmine recovery and disposal in at a landmine reduction event during Cobra Gold 2020 at Watthana Nakjon, Sa Kaeo, Kingdom of Thailand, March 3, 2020. Cobra Gold 20 maintains a consistent focus on humanitarian civic action, community engagement, and medical activities conducted during the exercise to support the needs and humanitarian interests of civilian populations around the region.

(Photo by (U.S. Marine Corps photo by Capt. George McArthur))

U.S. Marine Sgt. Colby Berger briefs his Marines prior to setting up a direct air support center as part of Exercise Cobra Gold 2020 at Camp Phra Maha



Jetsadaratchao, Chon Buri, Kingdom of Thailand, Feb. 26, 2020. Berger, a native of Victoria, Texas, is an engineering electric equipment systems technician with Marine Air Support Squadron 2, 1st Marine Aircraft Wing. Exercise Cobra Gold 20 is the largest theater security cooperation exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region. **(Photo by (U.S. Marine Corps photo by Staff Sgt. Jordan E. Gilbert))**



Chemical, biochemical, radiological and nuclear defense specialists with the 31st Marine Expeditionary Unit, and Royal Thai Navy Sailors scan a simulated noncombatant evacuee during a noncombatant evacuation operation as part of Exercise Cobra Gold 2020 at Utapao, Kingdom of Thailand, Feb. 29, 2020. Exercise Cobra

Gold 20 is the largest theater security cooperation exercise in the Indo-Pacific region and is an integral part of the U.S. commitment to strengthen engagement in the region. **(Photo by Sgt. Audrey M. C. Rampton)**

BAN DAN LAN HOI, Kingdom of Thailand – Leaders and commanders from Indo-Pacific nations participating in Exercise Cobra Gold 2020 came together to give final remarks and shake hands as the two-week long exercise came to a close at Ban Dan Lan Hoi, Kingdom of Thailand, March 6, 2020. The closing ceremony marked the conclusion of the 39th iteration of the exercise which took place from Feb. 25 to March 6, 2020.

Cobra Gold is an annual exercise co-hosted by the United States and Thailand. The exercise seeks to improve the capabilities of participating nations to plan and conduct combined and joint operations, build and maintain relationships across the region, and improve interoperability. It demonstrates the strong bond between the nations of the Indo-Pacific and their ability to operate together.

“The Cobra Gold exercise serves as the foundation of the knowledge, ability and military skills of every man and woman who have participated,” said Gen. Pornpipat Benyasri, the Chief of Defence Forces of the Royal Thai Armed Forces. “It is a great opportunity for us all who are of different regions to train together for a period of two weeks. This would certainly allow us to learn from each other, to share and gain great experiences as much as we can.”

This year's Cobra Gold was the largest to date, with new additions to the exercise, including the U.S. Marine Corps F-35B Lightning II fighter aircraft and the combined joint high mobility artillery rocket system rapid insertion. The F-35Bs made their debut during the amphibious landing exercise, which combined the lethality and readiness of U.S. and Royal Thai Armed Forces. U.S. Marines from the 31st Marine Expeditionary Unit conducted the operation side-by-side with Royal Thai Marines while the F-35Bs roared overhead, simulating supporting fire.

“Cobra Gold is a tremendous opportunity to reinforce the relationship with the Kingdom of Thailand and the Royal Thai forces,” said U.S. Army Brig. Gen. Josh Rudd, 25th Infantry Division deputy commanding general-operations. “We had some different capabilities this year with the Marine F-35 and its tremendous capabilities and a great opportunity to have it part of this amphibious landing exercise.”

Another addition to this year's exercise was the landmine reduction operation, involving 16 U.S. explosive ordnance disposal participants from the Marine Corps, Army, Navy, and Air Force, and 86 Thai EOD technicians and medical personnel. The operation's intent was to bring subject matter experts together to reduce landmines and unexploded ordnance in the region.

Cobra Gold 20 featured a cyberspace field training exercise for the second year in a row. The six fully participating nations came together to patrol and defend their own networks to develop strategies for operating in a modern information environment. This event focused on combining defensive cyber operations in a training environment comprised of self-contained networks where participants banded together to patrol, defend, communicate and share information with one another.

“Anytime we work in a coalition environment, it’s positive, whether it’s cyber or one of the other elements of Cobra Gold,” said U.S. Marine Col. Larry Jenkins, III Marine Expeditionary Force Information Group commanding officer. “Anytime we have an opportunity to work with our coalition partners, it builds relationships and makes us stronger as a coalition and as potential partners.”

These relationships and strong partnerships can be seen through multiple other events which took place throughout the country of Thailand. In one of these events, the Japanese Self Defense Force led the joint noncombatant evacuation operation, which showcased each country’s ability to quickly respond and maintain peace and security in the region.

Cobra Gold 20, similar to previous years, also focused on humanitarian civic action projects. Throughout the entirety of Cobra Gold 20, the fully participating nations, along with limited participation from China and India, assisted in the engineering civic action programs at various sites in Thailand. These projects also included key leader and community relations engagements, and community health engagements. The events brought nation’s armed service members and locals together as they worked to develop new facilities and curriculums at local schools to replace infrastructure that has grown too old or has been nonexistent.

“The alliance we have with these countries, the fact that they can come together and create something that’s visual but more importantly useful to the Thai people is just a small manifestation of the relationship,” said Lt. Gen Stacy Clardy, commanding general of III Marine Expeditionary Force. “The relationship is built year in and year out by Marines, Sailors, Soldiers and Airmen who have a chance to come here and work with the Thai military. Multinational relationships across this region are why we have stability and why we’ve had it for so long in the western Pacific.”

The humanitarian aid and disaster relief exercise brought together Indonesia, Japan, Malaysia, Singapore, Thailand and the U.S, with limited participation from China and India. This operation highlighted each country’s response techniques and their ability to appropriately and timely respond to any natural disaster situation.

All these events and two weeks of training culminated with the final exercise, the combined arms live-fire exercise. This exercise is designed to maintain readiness and increase the capability, capacity and interoperability of partner nations in the Indo-Pacific region. The U.S. and Royal Thai Armed Forces worked together once again as they were put through various simulated situations including a counter attack and medical evacuation while supporting fire was provided by the F-35Bs, HIMARS and other supporting fires.

“This year I think we’ve really pushed the ball forward, bringing the F-35 for the first time ever to Thailand and incorporating that in live-fire operations. Also, we’ve enhanced some of our operations with the

HIMARS,” said Col. Robert Brodie, commanding officer of the 31st Marine Expeditionary Unit and responsible commander for all Marine Corps forces participating in Cobra Gold 20. “This year the HIMARS are a part of the 31st MEU, [in] concert with the F-35s with ground forces, this is really taking it to the next level of warfare and demonstrating to our partners how we can combine our forces to increase our lethality and our capability. Albeit we’re here for peace and stability in the region, what we are doing is making sure we are ready for conflict and crisis.”

Upon completion of the CALFEX, the participating nations transitioned into the closing ceremony for exercise Cobra Gold 20. This informal ceremony brought together leaders from the seven participating nations to share closing remarks and exchange gifts. The relationships and partnerships built and maintained can be seen throughout each of the exercises but it is this moment that highlights the long lasting friendship and alliance of the participating nations around the Indo-Pacific region.

“As my country and the Kingdom of Thailand look back on over two centuries of friendship, both of our nations are pleased to see all the many benefits the U.S.-Thai alliance brings,” said Michael DeSombre, U.S. Ambassador of Thailand.

Exercise Cobra Gold demonstrates the commitment of the Kingdom of Thailand and the United States to our long-standing alliance, promotes regional partnerships and advances security cooperation in the Indo-Pacific region.

For more information, photos, videos and stories about Cobra Gold, including past iterations, please visit the Cobra Gold public web page: www.dvidshub.net/feature/CobraGold or the official Facebook page at www.facebook.com/ExerciseCobraGold.

 [More News](#)

(b) (6)

LCDR USN ASSTSECNAV FMC DC (USA)

From: (b) (6) LT USN VCNO (USA)
Sent: Friday, May 15, 2020 7:33 AM
To: (b) (6) Lcdr USN ASSTSECNAV FMC DC (USA); (b) (6) LT USN COMNAVSURFPAC SAN (USA)
Subject: FW: BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits
Signed By: (b) (6) @navy.mil

(b) (6), (b) (6),

Below are the answers in response to your timeline RFI.

Are either of you able to access SIPR from where you are? If not, I'll try to find someone who can receive the SIPR information. (sorry about ROM)

Thanks!

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6) @navy.(smil.)mil

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-----Original Message-----

From: (b) (6) CDR USN, C7F <(b) (6) @lcc19.navy.mil>
Sent: Friday, May 15, 2020 7:04 AM
To: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>
Cc: (b) (6) CAPT USN, C7F <(b) (6) @lcc19.navy.mil>; C7F BWC <(b) (6) @lcc19.navy.mil>; C7F ABWC <(b) (6) @lcc19.navy.mil>; C7F-COVID-WG <(b) (6) @lcc19.navy.mil>
Subject: BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits

LT (b) (6),

BLUF: C7F Response to VCNO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits

Summary:

1. USS America and USS Green Bay arrived in Thailand for Cobra Gold on 22 Feb. What day/time do they get underway from Thailand? Did either ship have any positive COVID sailors after Cobra Gold? If so, how many and when were they positive?

- AMA and GBY departed 11 Mar
- Neither ship had any Sailors or Marines test positive.
- Not requested below, BLR visited Thailand from 23-27 Feb.

2. What were the dates for exercise COBRA GOLD?

- AMA and GBY were operating in and around Thailand from 24 Feb - 8 Mar.

3. USS Blue Ridge pulled into Singapore on 14 Mar 2020. What time did they arrive and what date/time did they leave Singapore? Did BLUE RIDGE have any positive COVID cases after Singapore? If so, how many and what date did they pop positive?

- BLR was in Singapore from 11-14 Mar
- BLR has not had any COVID cases.

4. USS Blue Ridge pulled into South Korea on 5 Feb, what day did they depart?

- BLR was in Busan, South Korea, from 05-09 Feb.

5. When did C7F Surgeon provide CPF with the COVID-19 CONOPS addressing development of "a plan to transit to Guam upon SMDR recommendation to CO in case of severe or widespread illness"

- 13Feb2020 C7F CONOPS for FHP against COVID-19 provided to CPF Surgeon Office.
- 19Feb2020 C7F Guam specific COVID-19 Shipboard Case Scheme of Maneuver provided to CPF Surgeon Office.
- The two emails will be sent separately on SIPR.

Very respectfully,

CDR (b) (6)

C7F COVID Response Cell

J-Dial: (b) (6)

DSN in port: (b) (6)

COM in port: (b) (6)

-->DSN underway: (b) (6) ← New 7 April

-->COM underway: (b) (6) ← New 7 April

-->SIPR: (b) (6) @lcc19.navy.smil.mil

NIPR Ashore: (b) (6) @fe.navy.mil

(b) (6) CDR USN, USS Theodore Roosevelt

From: (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>
Sent: Sunday, March 08, 2020 10:25 AM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; CDO; ACDO; (b) (6)
CMC USN, USS Theodore Roosevelt
Subject: CDO Report, 07 MAR 20
Attachments: CDO Summary 07 MAR 2020.docx
Signed By: (b) (6)@NAVY.MIL

CAPT,

Good morning, Sir. Yesterday was an extremely busy duty day. Our team worked together to accomplish several amazing feats.

Summary below for you review:

Outstanding job by Deck department provided impeccable service by replacing a few mooring lines, yokohamas, and industrial tires. We operated liberty boats throughout the night. We did not leave any Sailors stranded on the pier.

COVID-19 Tasker response for initiated for 20 Sailors. Initial report stated 18. Numbers are expected to grow as we question or Sailors.

The following Sailors were detained by Local Authorities and accused of damaging an ATM. SUP/E-1, SUP/E-3, and CSG-9/E-5. Local authorities are not treating it as a criminal matter. They initially sought restitution but the bank said it wasn't required. Judge and TR NCIS agent worked with local authorities in order to get them released.

- Victim SUP/E-3 woke up in the S-2 female berthing being choked in her rack by Suspect SUP/E-4. Victim provided a statement to Security personnel. Suspect will return later today and wasn't advised of her rights due to BAC .05.

- REA/E-3 was intoxicated at the pier and attempted to elude Border Guard at the ECP. Beach Guard immediately took control of the situation. Member arrived on the last liberty boat at 0545 and was brought down to Security for processing. Members COC said she has a PG13 stating for her to reframe from alcohol. BAC was .05.

AMCROSS messages received:

- AIR/E-6 Father admitted to hospital due to illness. Member was advised to contact spouse for update of father's status. COC has been notified. CASE:

(b) (6)
-AIR/E-5 Daughter admitted to hospital due to Bronchitis. Member is aware and COC notified. CASE: (b) (6) closed

- ENG/E-4 Sister struck by motor vehicle causing significant head injury. Member is aware and COC notified. CASE (b) (6) closed

(b) (6) CDR USN, USS Theodore Roosevelt

From: (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>
Sent: Monday, March 09, 2020 11:28 AM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; CDO; ACDO; (b) (6)
CMC USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt
Subject: CDO Report, 08 MAR 20
Attachments: CDO Summary 08 MAR 2020.docx
Signed By: (b) (6)@navy.mil

Good Morning Captain,

Busy duty day but not in the way we were expecting. Fantastic job by Duty Section 4/8 and ACDO, LT (b) (6), for flexing to support all the duty section requirements.

Significant events and items include:

- Another great job by Deck department supporting liberty boats all day and late into the evening.
- Due to COVID-19 concerns, liberty was secured for those sailors still onboard at 0910 and all tours/professional engagements cancelled. An emergency command center was set up in Strike Operations and information was gathered to form a list of people who stayed or had interactions at the Vanda Hotel grounds. The 19 personnel on the ship that were involved were transported to the pier for testing and further evaluation. An additional 18 personnel on liberty were sent to the pier as well for testing. All tests came by negative and Sailors were returned to TR. A temporary berthing plan is in place for the 39 Sailors for tonight to support required isolation for 14-day period. By 1000 on 09MAR, final berthing arrangements will be executed. Security has taken the necessary steps to secure associated spaces.
- Worked with SMO to provide recommended answers to an Indo-Pacom tasker regarding COVID-19 due to CSG-9 by 0600 this morning (tasker received at 0230).
- Judge provided an extensive list of Sailors with unpaid hotel charges. Working with DDOs and DLCPOs (via CMC) to get all cleared before we depart.
- CS/E-4 lost his wallet at the port entry which included his military ID, passport, and liberty card. Duty CS was notified to report the lost card prior to turning in Combat Systems liberty cards for final inventory.

I have been properly relieved by DCA.

Very respectfully,

LCDR (b) (6)
Public Affairs Officer
Carrier Strike Group NINE
USS Theodore Roosevelt (CVN 71)